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AND FUNE FUNE FUNE		EXAMINER'S NAME			ADDRESS			
TO MEDICAL EXECUTE THE OF PAGE 4 SHOUL TO FUNERAL D AFTER DEATH , LA BALTIMORE, M.	22- 0	(TYPE OR PRINT)	25 DATE In	NIAME OF CEMPTERY	ADDRESS.	123d. LOCATION		
	230.6	SPECIFY)	7/12/1989	NAME OF CEMETERY	ACTONION	CITY OR TOWN	COUNTY	STATE
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DHMH - 17	1	NAME J. UZINU	12 12 18 18 18 18 18 18 18 18 18 18 18 18 18	CARROLLS	T. N.W.	C D. BT REGISTRAR 138. RE	O.O. KAR S SIGN	Mother
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-Ja Robert Bainer DEATH MATED 19 4 RACE 6. AGE TIN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH LIE LINDER 24 HRS 2c. DATE YEAR 605 LAST BIRTHDAY) PRONOUNCED Male White June 3,1928 54 DEAD 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED U.S.A. m Prince George's County New York WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 6413 Landover Road Truck Driver Cheverly Purple Heart USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI Company 13e STREET ADDRESS
6413 Landover Road # 102 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? P.G. Cheverly Maryland YES X NO [] 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Rainer Howard Garrison Alice ADDRESS 9108 Scott 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Court # 2 -Laurel Susan Lynn Parker W.W.II&Korea 111-20-3561 Yes-Navy 18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY DIRATORU DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CAL EXA BURIAL PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL ED AS A E TOAIL. THE COLOR AT THE COLOR AT THE STATE DEPARTMENT OF HEAT THE STATE DE 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM (IC.) STREET CITY OR TOWN STATE COHNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH WITH THE STINDORE, MARYLAND, 2 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Accident Hamicide Undetermined manner Natural causes MEDICAL EXAMINER EXAMINER'S NAME 5632 Annapolis Rd. Suite#4-Bladensburg Said A. Dace. M.D. (TYPE OR PRINT) Maryland 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION Maryland July 19,1982 Ft. Lincoln Crematory Brentwood P.G. Cremation 24. FUNERAL DIRECTOR 251 A GISTRA SSIGNALES **DHMH-17** F. Gasch's Sons F.H. P.A. Hyattsville, Md. name (VR A15 ME (5)) 15M 2/80

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Said A. Dace, M.D.

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Cremation July 19,1982 Ft. Lincoln Crematory Prentwood P.C. Moryland

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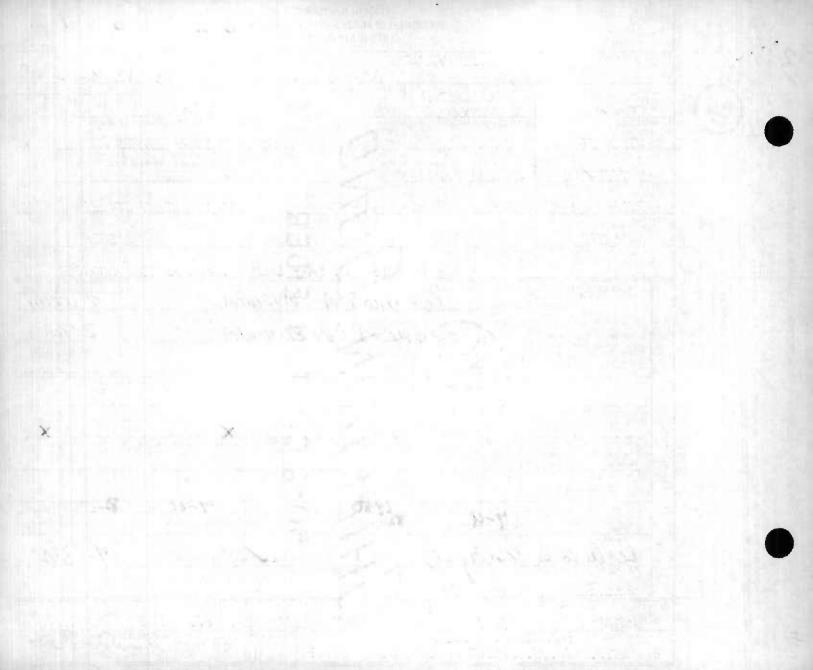
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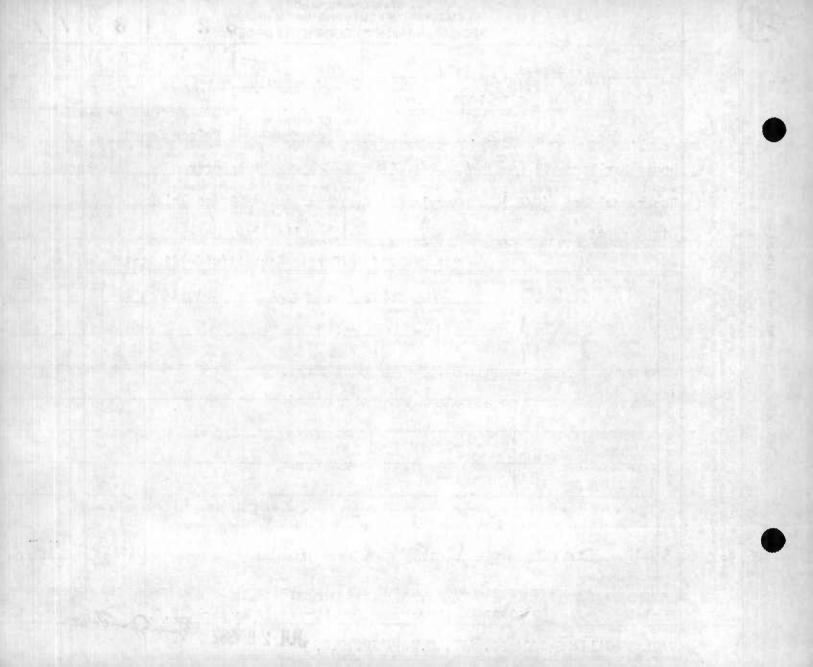
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours catter this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corban pages. Pages I and 2 should be fill than Americal Hygiene prior to burial, cremotion, or removal.	NO	Conditions, if ony, gove rise to immicouse (o), stating underlying couse	which ediote the lost. (b) DUE TO, O	R AS A CONS	SEQUENCE OF	-0 11 4 . 0		DITION GIVEN IN	2-944
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DN OF VITA IYSICIAN: TI ding physicio sis certificate buriol-tronsis Aentol Hygin or frem 18 sh	1	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH HOUR A.	M. MONTH	DAY YEAR	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 O	R PART 2}
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TO HOSPITAL efformed by the Short Function of the Store with the Store in MPORTANT:			B. Perry	, MD		22e. ADDRESS 1145 19t		•	
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DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR	FRANCÎS J. C VD.,W.,SILVE	OLLINS		20901	TE REC'D. BY REGISTRAR	25b. WEARTRARY	SIGNATURA



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2 man		CEASED NAME	FIRST		MIDDLE		BARNE	S	20. DA		MONTH 7		-82	7b HOUR
.美國	3. SE	IRTHPLACE ISTATEOR	3LK.	5. DATE OF BIRTH MONTH DAY 6 13 7b. CITIZEN OF WH	50	6. AGE (IN YEARS AST BIRTHDAY) YRS.	MONTHS DAYS		MIN. PRON	ATE OUNCED EAD	7 00 COUNT		82	5:54
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TO MEDICAL EXAMINER: THIS CERTIFE EXECUTE THE CERTIFICATE. WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHAFTER DEATH, WITH THE STATE DEPAIR BATTMORE, MARYLAND, 21201 PRICE.			t I taak charge	of the remains des	Accident	, Suici	TITLE		Undetermine	d mpnner	DATE SIGNE	ED 8-	1-82 201	
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	1415	MMEDIATE CAUS		A CONSEQUENCE	NTO	mou	~ ,	HIDVI	7		z Md.
REMOVAL	Conditions	if any, which	DUE TO, OR AS	A CONSEGUENCE	1	1 /					
	gave rise	to immediate	(b)	A CONSEQUENCE	JE P						
	lying cause lo		(-)	ACONSEGUENCE	7						
	PART 2 OTHER SIGNIFI	ICANT CONDITIONS CONTRIBU	TING TO DEATH BUT P	NOT RELATED TO THE TERM	AINAL OISEASE	OR CONDITION GIVEN IN PA	ART 1 (a).				
	5										
A STATE OF	190. DATE OF OP	ERATION	19b. CONDITION	N FOR WHICH OPER	RATION WA	AS PERFORMED?				20. AUTOPSY?	
										YES 🗌	NO 🗆
	210. EXTERNAL C		21b. TIME OF IN. HOUR A.M. M			W INJURY OCCURRE	ED (ENTER NATURE	OF INJURY IN ITEM I	8 PART 1 OR PART :	2)	
	CONTRIBUTING 21d. INJURY OCC WHILE	OR CAUSE OF DEATH	P.M.	NJURY (ATHOME.	216, LOC	ATION		13340			
		OT WHILE	STREET, FACTORY			REET	CITY	ORTOWN	COUN	JTY	STATE
	AT WORK A	TWORK									
		hat I took charge of the	700		Autaps			,	ond in my opin	iion	
	death resulted f	rom: Naturol cause	es LA Ac	cident [_], Su	picide	Homicide	Undetermin	ed monner	,	_ 0	C
	ACTUAL	SAIN	AT	7A88	w.	Debut	M WEDICAL	EVAMINED	DATE	1-4	-87
9	SIGNATURE	200	() +	J. Wall	1		MEDICAL	EXAMINER	SIGNED		
1	EXAMINER'S NA	ME				ADDRESS	,				
	IS-FCIEV)	N,REMOVAL 236. DAT		23c. NAME OF CE			23d. LOCAT		COUNT	Y ST	ATE
	Burial		1-82	Burchwoo	od, Cen	netery	Roxbo	ro N.C	0.1	Parther	
	FUNERAL DIRECTO	LIAMS,4804	C AADDRESS	N 1.1 11.1	ACU T	A MATE	2 9 1982	ISTR	A. S.	PROPERTY	
	ANN & WILL	LIAMS,48U4	UA. AVE	. , N . W . , W/	۱۵π.,۱	J. C. P		700			,



BP_____ DHMH - 16 50M 1/B1 (VRA 15, 4)

1	FOR - STATE		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 2	8 9 7 8
	REGISTRAR	MIDDLE			REG. NO.	
	DECEASED NAME FIRST	10.00		LAST	20 DATE OF DEATH MONTH	10 1100%
-	Alic			ivers		-28-82 7:10 M
3 5	Female	4 RACE White	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT	MARRIE		Prince Geo:	unty of DEATH rges County MD
	CITY OR TOWN OF DEATH linton	AE NOT BURGER ELCHE	TV CHIE PERCET ADDRESS.	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Housewife	126 KIND OF BUSINESS OR
7 130	UAL RESIDENCE (IF NURSING HOME 1. STATE 136 COL		SIDENCE BEFORE ADMISSION) ITY OR TOWN	13d. INSIDE CITY LIMITS?		ter St. S.E.
	FATHER'S NAME FIRST Rayner	MIDDLE	Dove	15 MOTHER'S MAIDEN NA	AME MIDDLE	Sui
160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES!	78-10-0114	John Beav	ers 3508 Carp	penter St., S. E.
NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR ASA	CONSEQUENCE OF CONSEQUENCE OF SUTING TO DEATH BUT	liaf eff NOT RELATED TO THE TERM	un Negertir	N GIVEN IN PART 110.
CERTIFICATION	19a DATE OF OPERATION		OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. I YES NO X	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CE	OR COLUMNIA THE CHIEF OF AL	HOUR A.M. MER) P.M.	ONTH DAY YEAR 19 URY	211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITE)	
M	AT WORK AT WORK		TORY, OFFICE FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this base sow the deceased alive a obove, (1) (week relief redid in 22b. SIGNATURE	0 7/28	eath. 19 821, o		deoth occurred on the date and	hour and from the couses stated
	1 tus	au A. h			MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 7 29182
	A. ANSAR			10905 FT.	WASH-RId. S SA-Md. 207	m 6 207
23a	BURIAL, CREMATION, REMOVA	236. DATE 7-31-82		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COLORES AND AND
26	MAN TON TON	// ///	Cedar	7/250. DA	TE REC. D. BY REG. 148	Md. O P.O MIND.
1	Thene Har	2-19(6)	-0X121	Lell Kot. Al	JG 4 1982	4

		ejio			
99 918		Sto In		"erele	
	x	AUJ	\$	USA faryland	1
Fourewife strong					
os A varyenter St	X			.0.1,.desk	
fina	sy (Tove	• .	ramis,	-
ervers (ar bove) in St., S.	11: John 1	578-10-01		P.C	
The transfer of					

lsizu

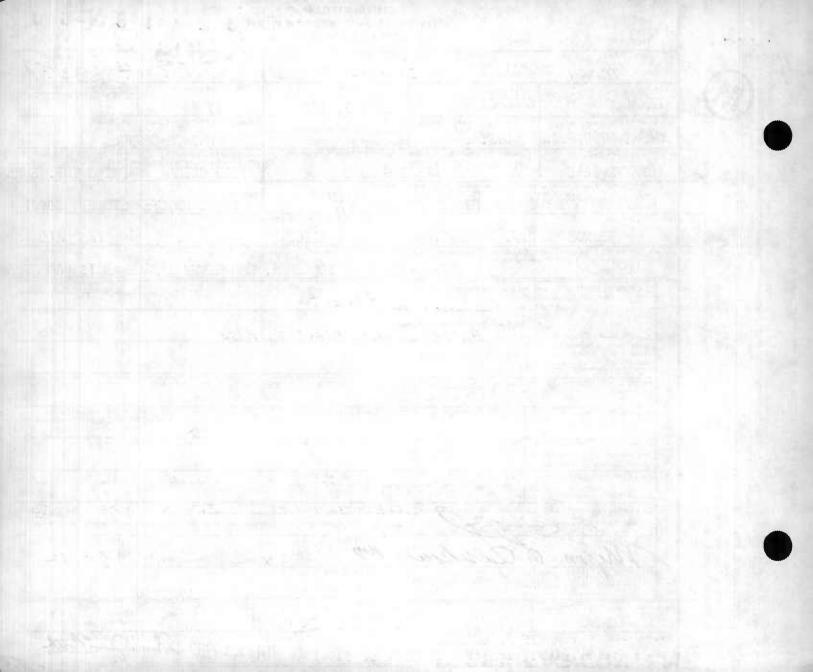
	FOR				DEDARTMENT		MARYLAND H AND MENTAL	HYCIENE			1100 150	
	- STATE			M			CERTIFICATE			8 9	19	
h	DECEASE	DNAME	FIRST		WIDDIE		LAST		REG. NO	MONTH DA	AY YEAR 26 I	HOUR
	(TYPE OR PR	NI	Charl	les	Henry		Beavers, J	DEA	ESTI- TH MATED	7	7 1982	AA
3	. SEX	4 R	ACE	S. DATE OF BIRTI	1 6. AGI	(IN YEARS IF L	INDER 1 YR. IF UND	ER 24 HRS. 2c D.	ATE	MONTH D		HOUR
_	Male		aucasia		-10 71	YRS.	HOURS	DI	DUNCED AD	7 11		DM
ш	FOREIGN C	ACE (STATE COUNTRY)			VHAT COUNTRY?		RIED NEVER MAI	RRIED 🔲	IMORE CITY O	_		1711
		TOWN OF		U.S.A.	SPITAL, NURSING	WIDO				e Georg	S CS KIND OF BUSINE	MD.
	_	e Hil		(IF NOT IN SUCH	eldon Ave	RESS)		FOR MOST OF	WORKING LIFE		OR INDUSTRY	
1				OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE A	DMISSION)	13d INSIDE CITY LIMITS?		nce Driv	er W.	S. Navy I	ept
	Mary	land	Princ	e George	Temple 1		YES YOU CITY LIMITS	13. STREET AD	heldon A	venue		
i	4. FATHER	ST		MIDDLE	LAST		15 MOTHER'S MAI		MIDDLE		LAST	
		arles		nry	Beaver		Mary			Mo	Dermott	
	YES, NO,	DR UNKNOWN)	/ER IN U.S. AR/	WED FORCES? WAR OR DATES)	215-44-		Teresa G.	. Beavers	4318 Sh	neldon Hills	Ave.	and
	18 C	AUSE OF DI	EATH (Enter on	ly ane couse per lit	le (or (a), (b) and (a						APPROXIMATE INTER	RVAL
		ARTIDEATE	WAS CAUSEI	TE CAUSE (a)	Inyels 1.						TWEN ON SET AND	OLAIII .
	-	SOLS	if any, which	DUE TO, O	R AS A CONSEQUE	NCE OF				7.00		
	- (gave rise	ta immediate	(b)						2/ 1		
		ying couse l	ting the <u>under-</u> ast.	DUE TO, O	R AS A CONSEQUE	NCE OF						
	PART	OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO DEAT	H SUT NOT BELATED TO TH	E TERMINAL DICEA	SE OR CONDITION GIVEN IN	DARY 1				
					- SOF NOT RECEIVED TO TH	IL TERMINAL DISEA	SE OK CONGITION SIFER IN	PARI I (Q)				
	19a. C	ATE OF OP	ERATION	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFORMED?			20	AUTOPSY?	
		Sec.									YES NO	(X)
		XTERNAL C RLYING TRIBUTING			M. MONTH DAY	YEAR	OW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM 18 P.	ART 1 OR PART 2)		911
	MEDICAL NOO	NJURY OCC	URRED OT WHILE		OF INJURY (AT HO	ME. 21F LC	OCATION STREET	CITY OF	TOWN	COUNTY		STATE
	AT W		WORK]								
	22	a. I certify th	ot I took charg	e af the remains d	escribed above, held	on Auta	psy . Inspect	ian X. Inqu	ry A one	in my opinior	1	
	deo	th resulted fi	om: Natur	al causes X.	Accident .	Suicide	, Homicide	Undetermined	monner .			
	ACTU	AL C	Leans.	to XX	Lines	4	TITLE (SPECIFY) Deputy			DATE	7/11/198	22
t	SIGN	ATURE	1	1./6	The state of the	1	W.D	MEDICAL EX	AMINER	SIGNED_	, / 11/190	12
	EXAM (TYPE	OR PRINT)	Augu	sto P. R	odriguez	W.D.	ADDRESS 5009	Rayburn	Ct., Ten	nple Hi	lls, Md.	
Pales	(SPECIFY)		N, REMOVAL 2	p Congression	23c. NAME C	F CEMETERY	OR CREMATORY	23d. LOCATION	4	COUNTY	STATE	
-		Burial		7/14/82			Cemetery	Suitle	nd Pr		Marylan	b
-		L DIRECTOR		Funera1°	6160	oxon Hi	II ROL	E REC'D. BY REGIST	RAR 25b. REGIS	TRAR'S SIGN	ATURE	
					UX	on Hill	Ma	1 6 1982	ances	Van /	ather	

Lasington, L. C. T.S.A.

Ambalance Iniver Jenie Hills x 1316 Engloom Avenue

John les Tenry Pervers, or. Mary Claractt 130 Action vo. 1318 Action vo. 1318

urial 7/16/82 Ceder Will Cemetery Sultland Pr. Geo. Naryland George . Edias undred Hore Oxon Hill, Md.



6		7
	e executed within 24 hours ofter death. Page 4 may b	n and completely filled in by the funeral director, page 3 K. Pages I and 2 should be filled within 72 hours after death
	40	E 0

STATE OF MARYLAND FOR STATE REGISTRAR CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REG. NO.

	DECEASED NAME FIRST		MIDOLE		LAST		20. DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
	Jean		н.	Ben	nett		JULY 23.	1982		4:24 a
3 .	SEX	4 RACE		5. DATE (YEAR	6. AGE (IN YEARS LAST BI	RTHOAY)	MONTHS DAYS	IF UNDER 24 HR
	FEMALE	WHITE		JANU		1919	63	YRS.	MONTHS DAYS	HOURS MIN
7a.	BIRTHPLACE ISTATE OF FOREIGN COUNTRY) St. John	16 CITIZEN OF	WHAT COUNTRY?	8	DEVER A	4400150	9 BALTIMORE CITY	R COUNT	Y OF DEATH	
> N	ewfoundland	UNITED	STATES	WIDOW		VORCED	PRINCE GE	ORGE 1	S COUNT	Υ ^
10	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	12a USUAL OCCUPAT		12b. KIND C	F BUSINESS O
1	Camp Springs		GROW USA		DTCAL C	ENTER	HOUSEWIFE	JF WURKING	Own H	ome
13	UAL RESIDENCE IN NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						
2		E GEORGE	13c. CITY OR TOWN		134 INSIDE C	NO []	13e. STREET ADDRESS 2015 BARL	OLIE D	T	
_	FATHER'S NAME	d GEORGE	J HIAITS	VILL		MAIDEN NAM		JWE P		
Aj	IOHN	MIDDLE	Earle		Unkno	FIRST WN	MIDDLE		LAS	
160	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMA	NT	ADDR	SS Add	ress Sa	me as
N	IO	TE WAR OR DATES	218-84-	-2257	JAMES :	L. BENN	ETT	No#	13e.	
	18 CAUSE OF DEATH (Enter of	nty one couse per	line for (a), (b), and	lici)				- A -	APPROX	MATE INTERVAL
	1539 IMMEDIA	TE CAUSE (0)	R AS A CONSEQUE	7	collapse	CIR	CULATORY C	OLLOP	SE	
	Conditions, if any, which	(ib)	Colon	Car	CINOM	COL	ON_CARCINO	M.A.		
	gove rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF	-1110111	- 001	ON CARCINO	· IA		0.70
T	underlying couse lost.	(0)	R AS A CONSEQUE	NCE OF						
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	DITIONG	IVEN IN PART 10	
NO						TO THE TERM	INAL DISEASE ON COIN	0111014 6	IVEIN IIN PART TO	
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		ES, WERE FINDIN	
Ĕ		Talk.					YESTY NOT		IFYING CAUSES	OF DEATH?
- 3	21a. ACCIDENT WAS UNDERLYING	21b. TIME C			21c. HOW IN.	JURY OCCURR	ED (ENTER NATURE OF INJU		Alm)	110
		NID.		Y YEAR						
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P. P. PLACE		19	21f LOCATIO	N				
A	MILITE NO! WHILE		REET FACTORY, OFFICE, FA	RM, ETC J	STREET		CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK			JUL	17	10 82	to JULY 2	1	On -	
	226.1 certify that (1) (this hasp saw the deceased alive or					. 17	, 10			that (1) (we) la
	obove, (I) (we) (did) (did no	t) view the body	ofter death.			(our) opinion o	leath occurred on the de	ote and ha		
	220. SIGNATURE	11	/		DEGREE	TTENDING	MEDICAL STA		22c. DATE	
	Stevent	Chan	Mers		F	HYSICIAN 🗷	DIRECTOR PHYSIC	IAN 🗌	JUI	LY 23,
	22d. PHYSICIAN'S NAME (TYPE				22e. ADDRESS					
	STEVEN L. CHAI	MBERS, C	PT, USAF,	MC	MALCO	LM GROW	USAF MC,	AAFB,	MD	
0.2	BURIAL CREMATION REMOVAL	Took DATE	1 22 AI	AME OF C	EMETERY OR C		Task LOCATION			

DHMH-16 50M 1/81 (VRA 15, 4)

ie burial-transit permit. I nd Mental Hygiene prior

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR:

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR

Burial

F. Gasch's Sons F.H. P.A. Hyattsville, Md.

July 27,1982 Lakemont Mem. Gardens Cem. Davids Gyj Md.

Bennett

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Duriel July 27,1982 takement New Cardens Con. Davidsouville v.c. Md.

P. Grech's Sons P.N. P.A. Hynktsville, Nd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST DECEASED NAME KNOWN DAY Zb. HOUR (TYPE OR PRINT) OF ESTI-Lillian DEATH MATED Bennett July 1982 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS 24. DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 1896 Female White 85 DEAD Nov. July 12.1982 YRS TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Washington, WIDOWED [D.C. DIVORCED Prince George's County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Hyattsville Parkwood Street Housewife Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland P.G. Co. Hvattsville YESTE 6800 Parkwood St. #202 FER DE. NO L 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Augusta MIDDLE Andrew Lee Parker DIVISION OF Bowman 16b. SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRES 426 Colonial Ridge (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES 578-05-2810 No Arnold, Maryland None Evelyn Paxton/Daughter/ CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., PART I DEATH WAS CAUSED BY ED AS A BURIAL-TRANSH FEALTH AND MENTAL HYGIENE, FAEATH AND MENTAL HYGIENE, FAEAATION, OR REMOVAL. Mac MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MEDICAL EXAMINER A Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL SHOULD BE U YES NO K DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH P.M. 19 PRIOR 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21£ LOCATION STREET, EACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK STATE 21201 P UID BE FORWA DIRECTOR: PAC , WITH THE STAT PAGE 4 SHOULE TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S Inspection K 220. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion Natural couses X death resulted from: Suicide Homicide Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME 5632 Said Annapolis Rd. Bladensburg (TYPE OR PRINT) ADDRESS. 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE July/15 TY Brentwood P. G. 25a Date sec'd. By Registrary St. Registral Burial Lincoln Cemetery co Www yland 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Riverdale, Maryland Chambers Funeral Home 15M 7/77

	April 1	and the last	1 440	
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Constitution of the	A. I		.eo .o.	
	TE INCAMP			

11-	FOR STATE		TATE OF MARYLAND OF HEALTH AND MENTAL HY	GIENR 9	983
-	REGISTRAR		INER'S CERTIFICATE OF	DEATH REG. NO.	, , ,
	PE OR PRINT)	MIDDLE	LAST	20. DATE KNOWN MONTH	29 82 7 H
L	R	ALPH	SLASI	DEATH MATED	1907/
3. SE	MW			HRS. 2c. DATE MONTH PRONOUNCED 7	29 82
7 70. E	Wisconsin	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	- 73 0	Y OF DEATH
10.0	Brentwood	11. NAME OF HOSPITAL, NURSING HO		20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) MOLDEY	12b. KIND OF BUSINES OR INDUSTRY
	STATE 13b. C	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADA COUNTY 13c. CITY OR TOW Brentwo		3. STREET ADDRESS 4523 - 38th Ave	•
14. F	ATHER'S NAME FIRST John	MIDDLE Blast	15. MOTHER'S MAIDEN	nknown)	LAST
160.	WAS DECEASED EVER IN U.	S. ARMED FORCES? S. GIVE WAR OR DATES) 777-10-	JRITY NO. 17. INFORMANT	ADDRESS 337	8-Southea
	gave rise to imme cause (a) stating the <u>u</u> lying cause last.		CE OF LIDSY		
NO		ITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED T O THE		1 (a),	
TIFICATION	PART 2 OTHER SIGNIFICANT COND			1 (a).	20. AUTOPSY? YES \(\square\) NO
CAL CERTIFICATION		AS 21b. TIME OF INJURY HOUR A.M. MONTH DAY Y	PERATION WAS PERFORMED? Z1c. HOW INJURY OCCURRED	1 (B). (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PAR	YES NO
MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE W.	AS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YE OF DEATH P.M. 19	PERATION WAS PERFORMED? Z1c. HOW INJURY OCCURRED		YES NO
WEDICAL CERTIFICATION	19a. DATE OF OPERATION 21a. EXTERNAL CAUSE W. UNDERLYING	AS 21b. TIME OF INJURY HOUR A.M. MONTH DAY YE OF DEATH P.M. 19	PERATION WAS PERFORMED? Z1c. HOW INJURY OCCURRED E. 21f. LOCATION STREET In Autopsy , Inspection	LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	YES NO
MEDICAL CERTIFICATION	19a. DATE OF OPERATION 21a. EXTERNAL CAUSE W. UNDERLYING OR CONTRIBUTING CAUS 21d. INJURY OCCURRED WHILE NOT WHIL AT WORK 22a. Leertify that I taak	AS 21b. TIME OF INJURY HOUR A.M. MONTH DAY Y E OF DEATH P.M. 19 21e. PLACE OF INJURY (ATHOM STREET, FACTORY, FARM, ETC.)	PERATION WAS PERFORMED? Z1c. HOW INJURY OCCURRED E. 21f. LOCATION STREET In Autopsy , Inspection	CITY OR TOWN COU	YES NO
	19a. DATE OF OPERATION 21a. EXTERNAL CAUSE W. UNDERLYING OR CONTRIBUTING CAUS 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that I taak death resulted fram:	AS 21b. TIME OF INJURY HOUR A.M. MONTH DAY Y HOUR A.M. MONTH DAY Y 21e. PLACE OF INJURY (ATHOM STREET, FACTORY, FARM, ETC.) charge of the remains described above, held a Natural causes A. Accident .	PERATION WAS PERFORMED? "EAR 21c. HOW INJURY OCCURRED E. 21f. LOCATION STREET In Autopsy , Inspection Suicide , Hamicide , M.D. JILE (SPECIFY) ADDRESS	LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART CITY OR TOWN COU Inquiry , ond in my api Undetermined manner ,	YES NO

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE FIRST 2n DATE OF DEATH MONTH TYPE OR PRINTS ROBERT EUGENE BOOTH JULY SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) AUGUST 10, 1933 MALE WHITE 48 O. BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED PENNSYLVANIA UNITED STATES PRINCE GEORGE'S COUNTY WIDOWED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ANDREWS AFB MALCOLM GROW USAF MEDICAL CENTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? RD 1 BOX 410 **DELAWARE** KENT WYOMING YES [NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ERMA MIDDLE EDWIN BOOTH In WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS YES NO OR UNKNOWN) 1951-1971 397-26-2322 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) BLAST CRUSIS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

125. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INTERNAL AUDITOR MILITARY BEHNKEN 19934 FRANCINE M BOOTH RD 1 BOX 410 WYOMING.DE OF CHRONIC GRANULOCYTIC LEVUENIA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 270. I certify that (1) (this hospital) attended the deceased from JUNE 30 sow the deceased alive on JULY 4 JULY 4 0 82 .82 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE / MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS RICHARD G SNYDER, CAPT., USAF MALCOLM GROW USAF MED CEN AAFB, MD 20331 23g BURIAL CREMATION REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE Camden. Burial 7-9-82 Odd Fellows Cemetery Kent De 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATIVE 24 FUNERAL DIRECTOR Federalsburg. Md. Williamson

YEAR

4, 1982

7h HOUR

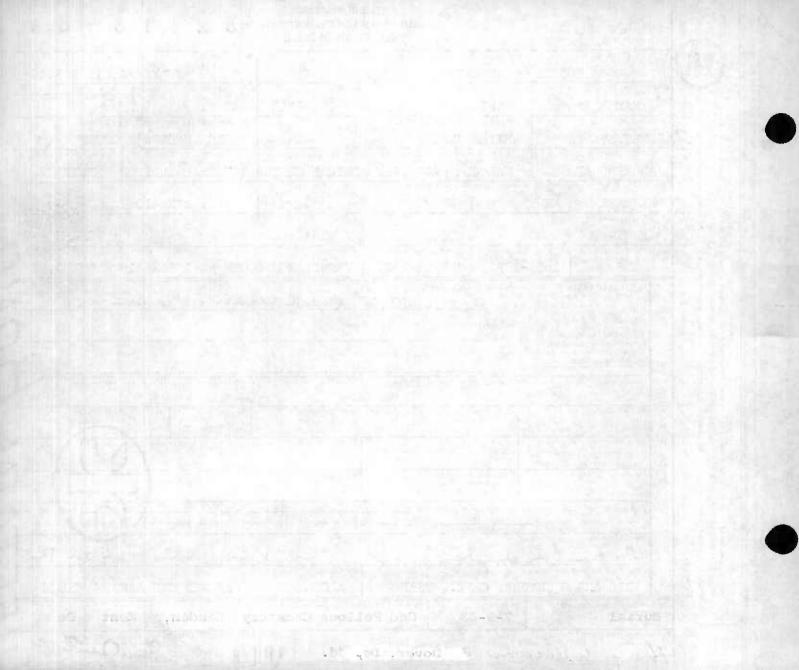
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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CEKITI	TCATE OF DEATH	REG. N	Ю.		
	ECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
1177	EDMUND DONALD BOUDREAU		EAU			JULY 25,	1982		4 04 DM
3 SE	X	4 RACE		5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIS		IF UNDER I YEAR	IF UNDER 24 HRS.
MA	ALE	WHIT	E	OCTO	BER 7, 1911	71	VDC	MONIHS DAYS	HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY?			8		9. BALTIMORE CITY OR COUNTY OF DEATH			
			MARRIED MEVER MARRIED WIDOWED DIVORCED		PRINCE GEORGE'S COUNTY				
10 C	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HO			G HOME (120 USUAL OCCUPATION 126. KIND OF BUSINE			1.10.
A	ANDREWS AFB MALCOLM GROW USA				PHARMASIST MEDICINE			CINE	
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	W JERSEY WARRE		BELVEDER		13d INSIDE CITY LIMITS?	PO BOX 278	8		
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EI	EDMUND JOSEPH BOUDREAU AND LE LAST EMMA ELIZABETH MIOTT					LAS	it.		
	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRI	ESS NJ	07823	
NO		WAR OR DATES	145-07-0	624	MARJORIE BOU	OUDREAU, PO BOX 278, BELVEDERE			
	18 CAUSE OF DEATH (Enter or	ly one couse per		(c) A	XSTOLE WITH F	ELECTROMECH	ANICAI	APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH
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	DUE TO, OR AS A CONSEQUENCE OF ACUTE MYOCARDIAL INFARCTION								
	Conditions, if ony, which (16) Acrelo Myo carelled Infacetiac								
	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF								
	underlying couse lost. (c)								
z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
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FIC	196 CONDITION FOR WHICH OPER			JPERALIO	IN WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?			OF DEATH?
ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME C	F IN IURY		21c. HOW INJURY OCCUR	YESXX NO		ES DESCRIPTION	NO 🗌
	OR CONTRIBUTING CAUSE OF DE	HOUR A.	HOUR A.M. MONTH DAY YEAR			LEWIER WATURE OF INJU	KT IN HEM 18	PART (ORPART 2)	
MEDICAL	116 INJURY OCCURRED		P.M. 19 CE OF INJURY		21f. LOCATION				
ME	WHILE NOT WHILE		REET, FACTORY OFFICE FA	RM, ETC.)	STREET	CITY OR TO	NW(COUNTY	STATE
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	27a.1 certify that (I) (this hospital) attended the deceased from JULY 25 , 1982 , to JULY 25 , 1982 , that (I) (we) lost sow the deceased alive on JULY 25 , 19 82 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
	221 SIGNAT (A)	t) view the body	offer deofh		DEGREE			22c. DATE	SIGNED
	ATTENDING PHYSICIAN DE					MEDICAL STA		X25	- July 82
1	THE PHYSICIAN'S NAME THE				22e ADDRESS	J DIKECTOR THISIC	- IAIT		
	RAY D. MORRIS,	CAPT,	USAF, MC		MALCOLM GROW	USAF MED	CEN, A	AAFB, MI)
23a.	BURNAL, CREMATION, REMOVAL	236 DATE	23c N	AME O	EMETERY OR CREMATORY	23d LOCATION	1		. / [
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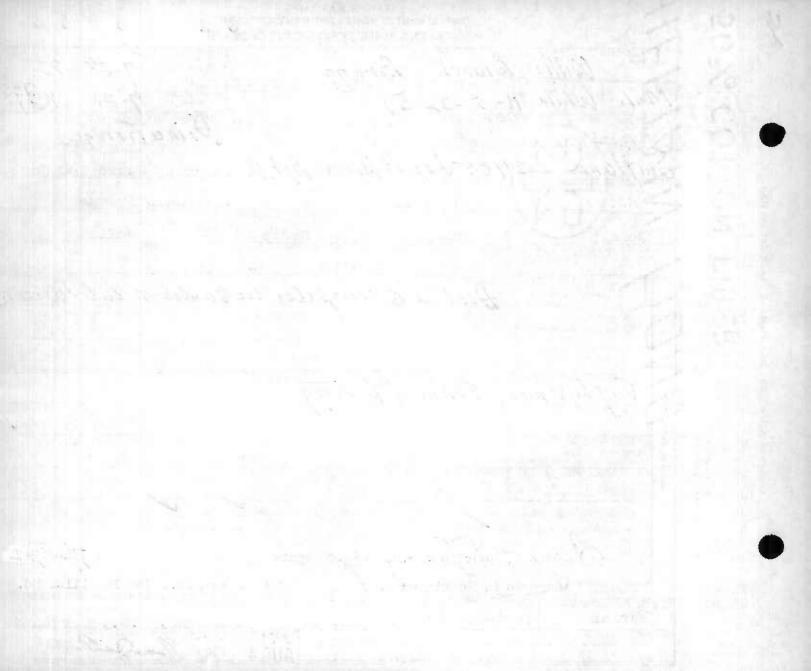
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME KNOWN 20 DATE (TYPE OR PRINT) OF ESTI-DEATH MATED & AGE LIN YEARS IF UNDER 1 YR IF LINDER 24 HRS DATE PRONOLINCED DEAD 9. BATMMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X USA Virginia WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY TTY OR TOWN OF DEATH Security Guard DC Govt 113c CITY OR TOWN 13e. STREET ADDRESS 136 COUNTY PG Suitland 2725 Lewis Avenue Md. 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE MIDDLE McKinney Sadie John Bragg 17. INFORMANT ADDRESS 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! 226-28-8344 John Bragg, Brother, Same as Above Yes CAUSE OF DEATH (Enter only one cause penline for (a), (b), and (c)." Delerate Partio Vascu PART I DEATH WAS CAUSED BY Mules DUE TO OR AS A CONSEQUENCE OF HEALTH AND MENTAL HY Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULL NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 | 0 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? ARDED TO THE ARE USE ATE DEPARTMENT OF THE DEPARTMENT OF YES [21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING GOR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, FTC 1 STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTJMORE, MARYLAND, 21201 AT WORK 228. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian death resulted frame Suicide Hamicide Undetermined manner Natural causes TITLE (SPECIFY) Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Temple Hills, Md. Augusto P. Rodriguez M.D. NA O 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial 7-31-82 Wash. Natl. Cem. Suitland. BP. E Wilhelmodress 4308 Suitland **DHMH-17** (VR A15 ME (5) Funeral Home Rd., Suitland, Md 15M 2/80



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FOR

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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4	1	70. B1	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT	OUNTRY?	8 MARRI	ED NEVER MARRIED	9. BANTIMORE CI	TY OR COUNT	Y OF DEATH	
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	PELAY IS TO THE TO PACE BE FILL TO S 20	1/0	HISI de	11. NAME OF HOSPITA	NURSING HOME,	or oth	Le Apt 20/	USUAL OCCUPATION FOR MOST OF WORKING LIFE Clerk-N)	or industrial epartm	TRY
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	DIVISION THIS CERT WARDED PAGE 3 SHATE DEPOSITE	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN STREET, FACTORY, F			CATION	CITY OR TOWN	cou	PITY	STATE
	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: I, WITH THE S		22e. I certify that I took charge death resulted from Nature ACTUAL SIGNATURE	100	d obove, held an	Autops	. Homicide U	Inquiry	ond in my op	A /	5-82
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 20 DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-DEATH MATED IS NECESSARY, PLEAL HE FUNERAL DIRECTOR SE 5 FOR YOUR FILES. LED, WITHIN 72 HOURS 31 W. PRESTON STREET, Frank Wendell 2110 82 Campbell 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX 4. RACE DATE OF BIRTH DATE 2d HOUR 11:31 LAST BIRTHDAY) PRONOUNCED Male Black May 15, 1966 DEAD 21 19 82 16 YRS D M 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS USA Prince George's County WIDOWED DIVORCED AGES 1, 2, AND 3 TO THE FU ORM PM 3. RETAIN PAGE 5-1 AND 2 SHOULD BE FILED, V N OPWITAL RECORDS, 201 W. 112h. KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Prince George's General Hospital Cheverly None None USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13a. STATE 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN Md Ft. Washington YES K NO . 1464 Potomac Heights Drive 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Frank Campbell (deceased) Joan Ingram 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 7. INFORMANT EXAMINER ALONG WITH FRAIL-TRANSIT PERMIT. PAGE: D MENTAL HYGIENE, DIVISION, OR REMOVAL. Unknown Mr. Willie F. Jackson/step-father/same 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) as 13e IMMEDIATE CAUSE (a) Fracture of neck with transection of cervical spinal cord DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II E 3 SHOULD BE USED A E DEPARTMENT OF HE DI PRIOR TO BURIAL, (19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES 🔽 NO [21a EXTERNAL CAUSE WAS 16. TIME OF INJURY
HOUR XXXMONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR MEDICAL 10:20 M 2110 82 Passenger in auto/fixed object impact CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4: SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 33 AFTER DEATH WITH THE STATE DEF BALLIMORE: MARYLAND, 21201 PR STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK street Rt. 210N Friendly MD. Inspection 220. I certify that I taak charge of the remains described above, held an Hamicide Undetermined manner death resulted fram TITLE (SPECIFY) ACTUAL M.D. Deputy Chiefpical ExaminER Thomas D. Smith, M.D. EXAMINER'S NAME III Penn St. Balto., MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION Va. STATE Church 7-28-82 Floyd, Buria 1 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1250. REGISTRAP'S SIGN. John T. Rhines Co, 3015 12th St., N.E., D.C. **DHMH - 17** VR A15 ME (5)) 20M 4/B2

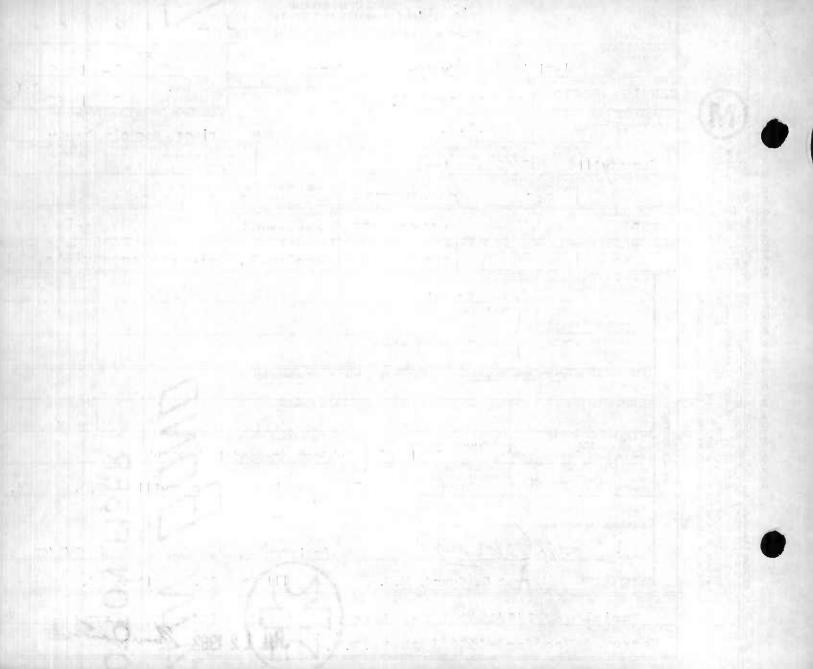
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 10:27PM 07 - 21 - 82CARPENTER MARY 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH IF UNDER TYEAR November 2,1896 White Female BIRTHPLACE ESTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY PRINCE GEORGE'S COUNTY WestVirginia U.S.A. WIDOWED DIVORCED [I CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY SOUTHERN MARYLAND HOSPITAL CENTER Homemaker None CLINTON USUAL RESIDENCE (IF NURSING HOMOROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. CITY OR TOWN 13e. STREET ADDRESS 136 INSIDE CITY LIMITS? P.G. Clinton 6008 Arbroath Drive Maryland YES X NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Wilson Charles Hatfield Elizabeth 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Mrs. Marie Whitmore 233-26-1714 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) CARDIORGPIRATION PART I. DEATH WAS CAUSED BY ARREST 15-30 111 IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF ASHO Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT NO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 2 220.1 certify that (1) (this hospital) attended the deceased fram_ 82 sow the deceased alive on 7/21 above, (1) (we) (did) (did nat) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED harle & Colsons ATTENDING should be detowith the State D PHYSICIAN THE DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 3710 RIVIERA STREET, MARLOW HEIGHTS, MD. COLAO 236. DATE 24 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL Harrisville West Virginia .1982 King Knob Cemetery Burial 24 FUNERAL DIRECTO Lee Funeral Home Inc. DHMH - 16 50M 4/B2 6633 Old Alexander Ferry Road Clinton, Md (VRA 15, 4)

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n signed by the ottending physician and completely filled in by Then please remave carban papers. Pages 1 and 2 shauld be file

IMPORTANT: If Item 21 is marked at Item 1B shaws any injury, at ather traumatic event, the should be detached for use as the burial-transit permit. Then please remaye carbangaper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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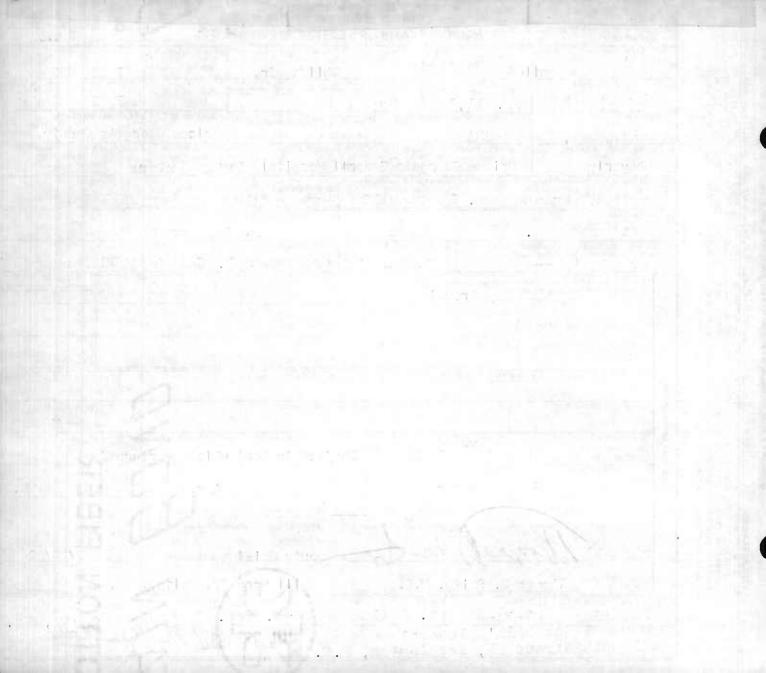
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a B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
	Cermany	U.S.		WIDOWE		Prince Ge	orge's	County		N
0 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSI	NG HOME O	OTHER INSTITUTION	12a USUAL OCCUPA	TION	126 KIND C		
An	drews AFB		n Grow U			Butcher	OF WORKING LIFE	Food		
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14. F/	ATHER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME				
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	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO	17. INFORMANT	Wa	shingto	n, MD		
No		J. O. OAICS	197-32-	1379	Celesta J. C		_		d, F	t.
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		TE CAUSE (a)	Landed	a. A15	reams Sep	900				
	1579									_
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TE						YES NOTE	YES	ING CAUSES	NO T	17
B	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH D	AV VEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PAI	IT I OR PART 2)		
AL	OR CONTRIBUTING CAUSE OF DEA			AT TEAR						
MEDICAL	21d. INJURY OCCURRED	21e PLACE C		17	21f LOCATION					_
¥	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY, OFFICE I	FARM, ETC)	STREET	CITY OR TO	NWC	COUNTY	51	ATE
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	22d PHYSICIAN'S NAME (TYPE O	R PRINT)			22e. ADDRESS				t	
	THOMAS SULLIVA	N, CAPT	, USAF, 1	MC	Malcolm Grow	USAF MC, A	AFB, MI	2033	1	
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	INERAL DIRECTOR					E REC'D. BY REGISTRAF	Constant			
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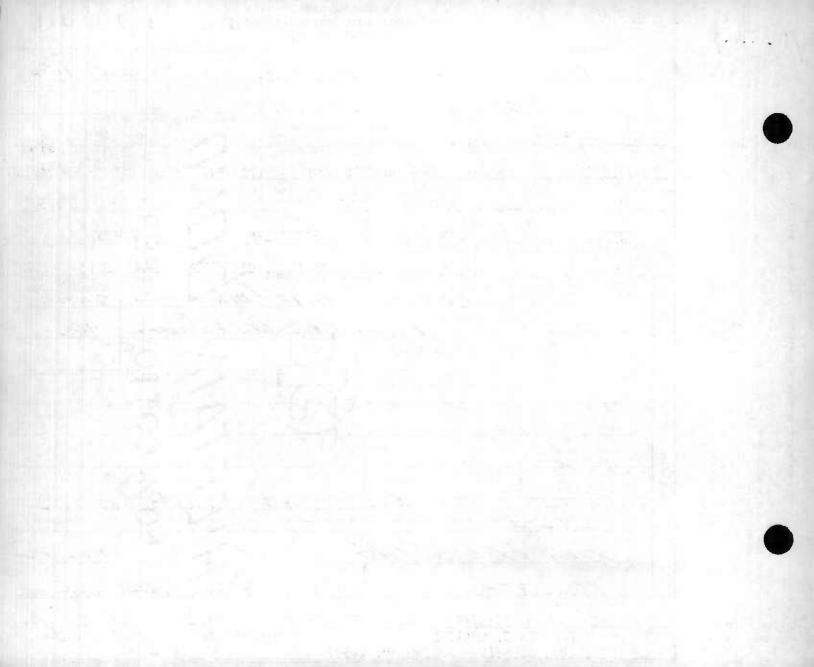
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R.	DEATH OF AND OF	W	W. Dawson Cave, Sr. Gertrude Standi											- 17			
BALTIMORE, MD. 21201	SES IN	{Y	(AS DECEASED EVER IN S. NO. OR UNKNOWN)	U.S. ARM IF YES, GIVE W			-68-8		17 INFO378 W. Da	95 Fawson	airfa Cave	ax S	Sr.	Fai: Fatl	rfa: her	x, V	ir.
an	SURS AP 18. GIV WITH MT. PAG E, DIVISI		18 CAUSE OF DEATH PART I DEATH WA												BFTW	PROXIMATE VEEN ONSET	INTERVAL AND DEATH
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E E	LEA MEA	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY?						
4	SSE SE	THE .													,	YES 💢	NO 🗌
9	ERTIFICATE SHOULD ING THE WORD "PE ED TO THE CHIEF A SHOULD BE USED. EPARTMENT OF HE PRIOR TO BURIAL, O		210 EXTERNAL CAUSE		21b. TIME OF HOUR A.M.		DAY YEAR	21c H6	OW INJURY C	OCCURRED	(ENTER NATU	RE OF INJUR	Y IN ITEM 18 I	PART I OR PA	IRT 2)		
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	OH 4 NOV		EXAMINER'S NAME (TYPE OR PRINT)	Vir	rgin i a L.	Dola	n, M.D).	ADDRESS	111 Pe	enn St	١.	Balt	o., N	MD.		
	TO ME PAGE TO FU AFTER BALTIN	23o. B	JRIAL, CREMATION, REA	MOVAL 23	b DATE	23c. 1	NAME OF CEA		R CREMATOR	RY	23d. LOCAT	ION		cou	NTV		ATE
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100	DHMH - 17	24 F	INERAL DIRECTOR RO	bt E	Wilhel		308 St			DATE REC	A TOP	ISTRA	II REG	STILL S	JENAK	SNE	
	(VR A15 ME (5))	F	meral Ho	me			tland		1	AF T	7 1301	-					



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		REGISTRAR DECEASED NAME FIRST	MiDi		CERTIFICA	TE OF DEATH	REG. N			
e & £		YPE OR PRINT)					2a DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
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(MA)	3	Female	White		Dec.	16, 1893	6. AGE (IN YEARS LAST BI	YRS.	NIHS DAYS	HOURS MIN.
	7 70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Italy	76 CITIZEN OF WE		8	NEVER MARRIED		OR COUNTY O		
4 11 0	10	CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING	HOME OR O	THER INSTITUTION	Prince 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE)	126. KIND (
	2	Lanham	Doctors'	Hospita	1 of P	Geo. Co.	Seamstres	S	Levy-	Adler Co
filled in	130	UAL RESIDENCE (IF NURLING HOLD) STATE ONE	DROTHER INSTITUTION, GIV JNTY 13	Wash. D	13d	INSIDE CITY LIMITS?	13e STREET ADDRESS 4409 Lowe		N W	
npletely and 2 sh	14	Giuesseppe	міроце Ма.	gnotta	15.	MOTHER'S MAIDEN N.	AME		LA	sı vailable
d co	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	b SOCIAL SECUR	ITY NO. 17	INFORMANT	ADDR	ESS	una	vallable
be execu	3		one J	116-20-32	213 Sc	n - Freder	ick T. Ciof:	fi - Sa	me as	#13
equires that the death cert in signed by the attending to Then please remove carbon to burial, cremation, or rer injury, or other traumatic ev	NO	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)	ACONSEQUEN TRIBUTING TO DE	0-12	Spristry	MINAL DISEASE OR COM	IDITION GIVEN	IN PART 1	0'
cion. cion. e has bee six permit. giene priar	CERTIFICATION	190. DATE OF OPERATION		ON FOR WHICH O			200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	NG CAUSES	NGS USED OF DEATH?
NG PHYSICIAN: The low required of the control of the confliction of the confliction of the burdel-trougher permit. Then the ond Mental Hygiene prior to backed or then 18 shows any injury.	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M.	NJURY MONTH DAY	YE AR 19	HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	IRY IN ITEM IB PART	T OR PART 2)	
uG PHY after this os the bu h and M	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME STREET	INJURY FACTORY, OFFICE FAR		LOCATION	CITY OR TO)wn	COUNTY	STATE
ATTENDII spital or CTOR: A for use of Health		22a I certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did n			6 . 4 2 ond th	, 19 82 of in (my) (our) opinion	, to death occurred on the d		nd from the	that (1) (we) last
TAL OR A y the has RAL DIRECTOR detached detached ore Dept. VI. if Item		226. SIGNATURE		Total .	DEG		MEDICAL STA	FF	22c. DATE	
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1 2 - 2 4 9		CIRO A. MONT	ANEZ, M.D			3308 Dodge	Park Rd.,	Landove	r, Md	. 20785
Of of other	23a	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NA	WE OF CEME	TERY OR CREMATORY	23d. LOCATION			
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DHMH - 16 50M 1/B1 (VRA 15, 4)	24	NAME 9/30	DeV DeV	ol Funer	al Hom		E 2 1 1982 RAR	Humely	A MARIE	The same

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Rochester, E. V.	L tepulobre Cer.		[;]]]



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10		FOR STATE		DEPARTMENT O			YGIENE 2	1 9	0 0 2	
1		REGISTRAR	ME	DICAL EXAMI	NER'S C	ERTIFICATE C	OF DEATH	REG. NO.		
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BALTIMORE, MD. 21201 S AFIER DEATH. IF ANY DELAY IS IN GIVE PAGES 1, 2, AND 310 THE FURTH FORM PM. 3: RETAIN PAGES 1 AND 2 SHOULD BE FIED PAGES 1 AND 2 SHOULD BE	16a, V	Joseph A VAS DECEASED EVER IN U.S. AR	Anderson	Cockre		Maria 17. INFORMANT		ADDRESS	arson	1133
SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN	{Y	ES. NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	35		D W				#13
	=		V. #2	577-26-9	380	Rose Ma	rie Cockr	ell-Same	APPROXIMATE IN	
W. PRESTON ST., BALTIMC WITHIN 24 HOURS AFTER FENCIL IN ITEM 18. GIVE PA MINER ALONG WITH FOR TRANSIT PERMIT. PAGES 1 ENTAL HYGIENE, DIVISION OR REMOVAL.		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	D BY:	e far (a), (b), and (c).)	din	an wait	a Law	nex. t	BETWEEN ONSET AN	D DEATH
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WHEN SELECTION OF THE S		death resulted from Natu	ral causes 🙏,	Accident	ovicide	, Hamicide	Undetermined mai	nner ,		
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(VR A15 ME (5)) 15M 2/80	17.6	vernaller	4	roll St.	N M	Inc.	TAU NOL	-		

somat.

James. E. Cockrell, gr.

Dale. White. Jan. 27, 1923 59.

Virginia u. S. A. Prince George.

Unicons Park. 6477 Seb Jun Calcons Dark Divinters Divint Ch.

Takoma Park. 6417 Stb. Ave. Takoma Park. Printer- Print Shop

Maryland. P. G. Co. Takoma Parl. * 6417 5 th. ave. Takoma Pt.

Yes W. W. #2 577-26-9300 Pose Marie Cockrell-Same as ftend

Joseph Anderson Cockrell Maria Pearson

2-11-15

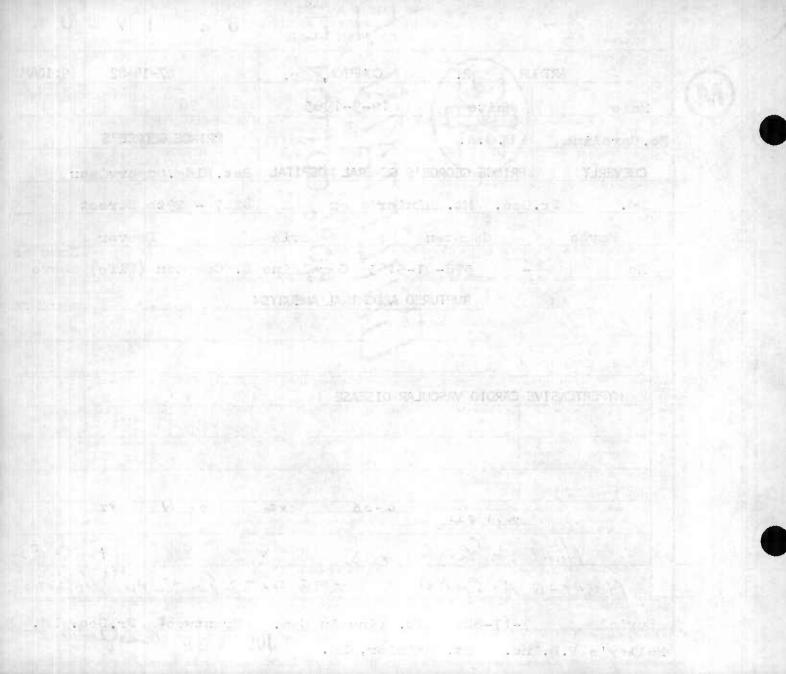
5632 Annapolis Rd. Bladensburg

Said A. Daes Sera Anne

Cremation 7/12/82 Pt. Lincoln (rem. Erentwood, P.C., Md.

Takoma Puneral Home.Inc. : 438 h. 1932 ACC. ...

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		FOR STATE REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		Z REG. N		9 0	0	5
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2 should be filed	13e. S	L RESIDENCE (IF NURSING HOME OF TATE 136 COURT P.	VTY 13	VE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS? YES NO	134. STREET 3423	ADDRESS 41st	. Ave			
ol exominer	14. FA	THER'S NAME FIRST	MIDDLE	Condit		15 MOTHER'S MAIDEN N	AME	WIDDIE		Benn	ASI	
Poges 1	160 W	AS DECEASED EVER IN U.S. AR s, no or unknown) (IF yes, giv	MED FORCES? 16	SOCIAL SECU	RITYNO	17 INFORMANT Mrs. Wanda	Tondit	ADDRE		ress St		s
Then please remove carbon ta burial, cremation, ar rem njury, ar ather traumatic eve	N	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR A	S A CONSEQUE	NCE OF	Ma g C	MINAL DISEA	SE OR CON	DITION GI	IVEN IN PART 1	(0)	
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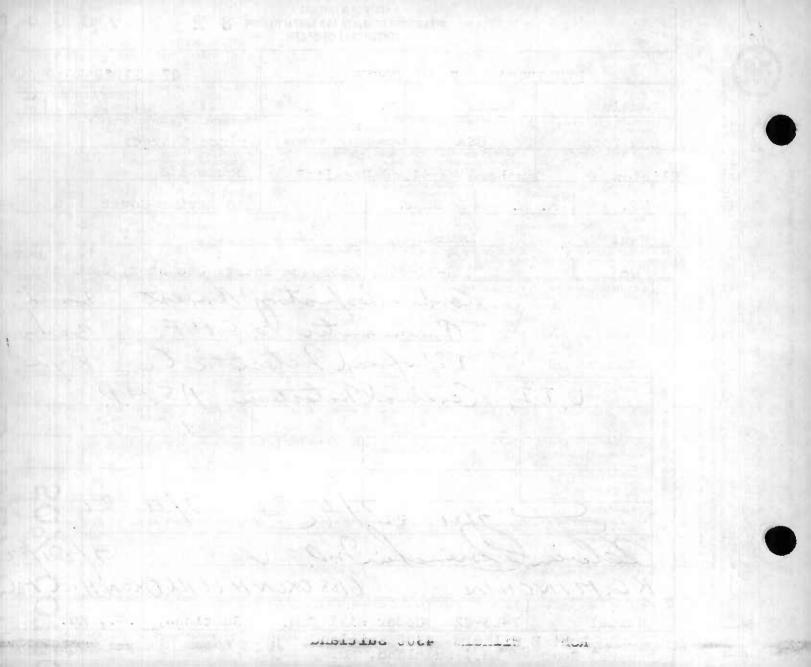
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(A 208	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 1 9 0 0 6
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far, po offer o	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
oge 4 rectar	Female	White	Jan 30 1898	84 YRS.
4 1 1 1 1 G	78. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED EN NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
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is ofter dea by the fune filed within	linton	Southern Mary 1	and Hospital	(179E OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE HOUSEWIFE
pe in ou	USUAL RESIDENCE (IF NURSING HOME 130. STATE	DEOTHER INSTITUTION, GIVE RESIDENCE REFOR	E ADMISSION)	13s. STREET ADDRESS
hin 24 ho	Md. A.		n YES NO	320 Kevins Court
E 20 AE	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ANDDIE
P E SI	Paul	Ambach	Anna	?
e execut	160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16L SOCIAL SECU	JRITY NO. 17. INFORMANT	ADDRESS
ificate be e physician or apapers. Pamaval.	No	085-32-	4586 Florence E	Istes, Daughter, Same as
CIAN: The low requires that the death cert y physicion. rifficate has been signed by the attending ol-transit permit. Then please remove carbo rital Hygiene prior to burial, cremation, or re- em 18 shows any injury, or other traumatic et	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN 19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF INFERENCE OR CAUSE OR CAUSE OF INFERENCE OR CAUSE OR CAUS	DUE TO, OR AS A CONSTITUTION OF TO MAIL TO THE ATTH HOUR A.M. MONTH DEED TO THE ATTH HOUR A.M. MONTH DEER TO THE A.M. MONTH DEER TO	AY YEAR 19	MINAL DISEASE OR CONDITION GIVEN IN PART 1:00 200. AUTOPSY? YES NOW YES NO
O HOSPITAL OR ATTENDING PHYSIselined by the hospital or otherding to FUNERAL DIRECTOR: After this cashould be detached for use as the buriwith the State Dept. of Health and Merwith the State Dept.	22a. E certify that (1) (this has saw the deceased live above to live 1 did 11) Seria ORE	or view the body of the death.	DE ORDE PHYSICIAN	CITY OR TOWN COUNTY STATE That (IV (We) last Death accurred on the date and have and from the causes stated MEDICAL STAFF DIRECTOR PHYSICIAN VHICCRE OXON HICK
MAP With	23a. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	123d LOCATION
BP	Burial	7-23-82 Ce	edar Hill Cem.	Suitland, P.G., Md.
DHMH ~ 16 50M 4/82 (VRA 15, 4)	24. FUNERAL DIRECTOR Robt NAME Funeral Home	E Wilhelm .430 Rd., Suit	8 Suitland Info	TE RES DE BY REGISTRANS SIGNATURE.



CONTRACTOR SERVICE

24255	T. DE	CEASED NAME	FIRST F		JRTIS, Jr.	REG. NO. 20. DATE KNOWN MONTH OF ESTI- DEATH MATED 7	27,84
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MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE CUTE THE CERTIFICATE, WRITING THE WORD "PEND 5E 4 SHOULD BE FORWARDED TO THE CHEF ME FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS ER DEATH, WITH THE STATE DEPARTMENT OF HEALT TIMORE, MARVIAND, 21201 PRIORITO BUNAL, CREM		UNDERLYING OR CONTRIBUTING CAU 21d INJURY OCCURRED WHILE NOT WHAT WORK AT WORK 220. I certify that I too death resulted from: ACTUAL SIGNATURE	USE OF DEATH P./	M. MONTH DAY YEAR M. 19 OF INJURY (AT HOME, CTORY, FARM, ETC.) Sescribed obove, held on Au Accident , Suicide	LOCATION STREET Proposy , Inspection , Homicide . Und THUE (SPECIFIE)		OUNTY Spinion JED 28-

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W. Ernest Jarvis Co., Inc., Washington, D.C.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VRA 15, 4)

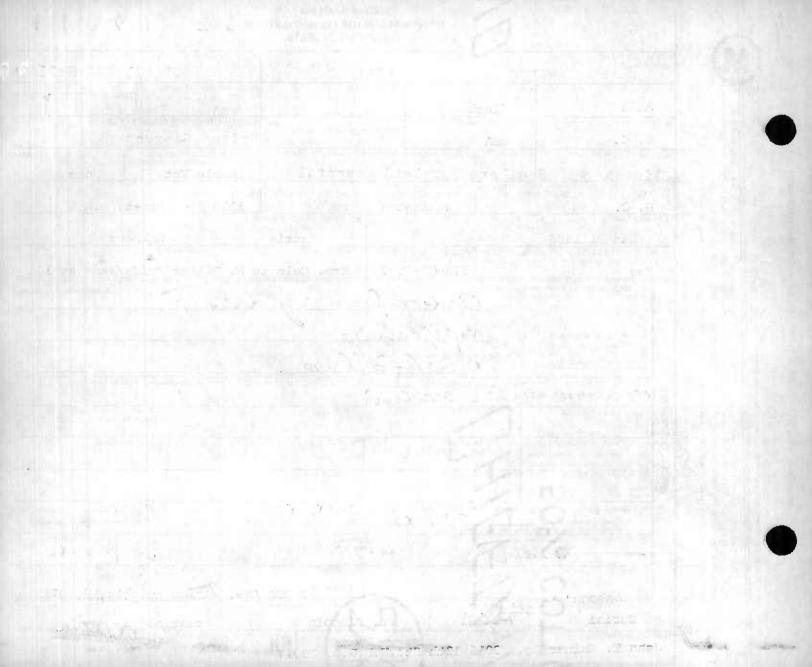
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) DOROTHY CATHERINE ESTI-DAY DEATH MATED 3. SEX 4. RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED FEMALE WHITE DEAD YRS To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY PRINCE GEORGES U.S.A. D.C. Wash.. WIDOWED I DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS MARLOW - HES-3001 Branch Avenue Apt. 818 FOR MOST OF WORKING LIFE)

ev Punch Nat 1. 18. GIVE PAGES 1, 2, AND 3 TO TI WITH FORM PM, 3. RETAIN PA NT. PAGES 1 AND 2 SHOULD BE FI DIVISION OPVITAL RECORDS, 2 Hillcrest USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Bank 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Hillcrest Hts. YES I 3001 Branch Md. Pr. Geo. NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Irene Payne Michael Sweeney Ide. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT MUSS-Evans Trail (YES, NO, OR UNKNOWN) Son) Beltsville, Md. Garv Dav 18. CAUSE OF DEATH (Enter only one cause per line CARDIOVASCULAR DISEASE IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIALlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS A E CERTIFICATION 19n. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF
TO FUNEAL DIRECTOR; PAGE 3 SHOULD BE USER
AFTER DEATH, WITH THE STATE DEPARTMENT OF H
BALTIMORE, MARYLAND, 21201 PRIOR, TO BURIAL, YES -210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Homicide Undetermined manner TITLE (SPECIFY) 7 -10-82 Deputy 5009 Rayburn Ct., Temple Hills, Md. Augusto 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Ft. Lincoln Cem. Brentwood 24. FUNERAL DIRECTOR NaTlev's F.H. Inc. "Mt. Rainier, Md. (VR A15 ME (5)) 15M 2/80

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	ADDRESS	17. INFORMANT	SECURITY NO.	ED FORCES? 166 SOCIA		WAS DECEASED EVER		n and camples Pages 1 and 1	
rd/wife/same as 13e	te H. Dillard/w	Mrs. Celes	9-5707		(IF YES, GIVE W	YES, NO OR UNKNOWN)			
200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sigma \text{NO} \)		}	ciolian	DUE TO, OR AS A COI (c) CENT INDITIONS CONTRIBUTION 19b. CONDITION FOR	mmediate ting the se last. GNIFICANT COI		CERTIFICATION	ws any injury, ar ather trau	e prior to burial
	RED (ENTER NATURE OF INJURY IN ITEM	21c. HOW INJURY OCCUR	H DAY YEAR	216. TIME OF INJURY HOUR A.M. MON		210. ACCIDENT WAS UN	CER	8 shows	OI
			19	P.M.		OR CONTRIBUTING	S.	19	
OWN COUNTY STATE	CITY OR TOWN	211 LOCATION STREET	OFFICE, FARM ETC.)	21e. PLACE OF INJURY (AT HOME STREET, FACTORY	WHILE [7]	21d. IN JURY OCCURI	MEDICAL	ked or t	
19 19 19 10 , that No (we) last date and haur and from the causes stated	7		19. 8. 7. a	l) attended the deceased 1,2 V	ased alive an	saw the decease above, (I) (we) (m 21 is mo	t. of Healt
AFF _/ 7.21.82	MEDICAL STAFF DIRECTOR PHYSICIAN		M.	en?	-wa	226. SIGNATURE		IT: If he	detache ate Dep
W Heights Md 20749	Ave Marlow Ho	220 ADDRESS		RINT)	NAME (TYPE OR PE	22d. PHYSICIAN'S N		PORTA	FUNER Sould be th the St
COUNTY STATE	23d. LOCATION CITY OR TOWN Brentwoo	EMETERY OR CREMATORY Lincoln		변화자M.D. 7-24-82	N, REMOVEMA	BURIAL, CREMATION,	23a B	×.	2 4 3
W.	MEDICAL STAFF DIRECTOR PHYSICIA Ave. Marlow 23d. LOCATION CITYORTOWN	DEGREE D. ATTENDING PHYSICIAN [220 ADDRESS 3611 Branch EMETERY OR CREMATORY Lincoln	M P	view the body after death	(1) (this haspital assed alive an (did) (did nat) v	22d. PHYSICIAN'S N. BURIAL, CREMATION, (SPECIFICAL SURFIAL DIRECTOR	24 FI	IMPORTANT: If Item 21 is market	DIRECTOR: After ached for use as t Dept. of Health a

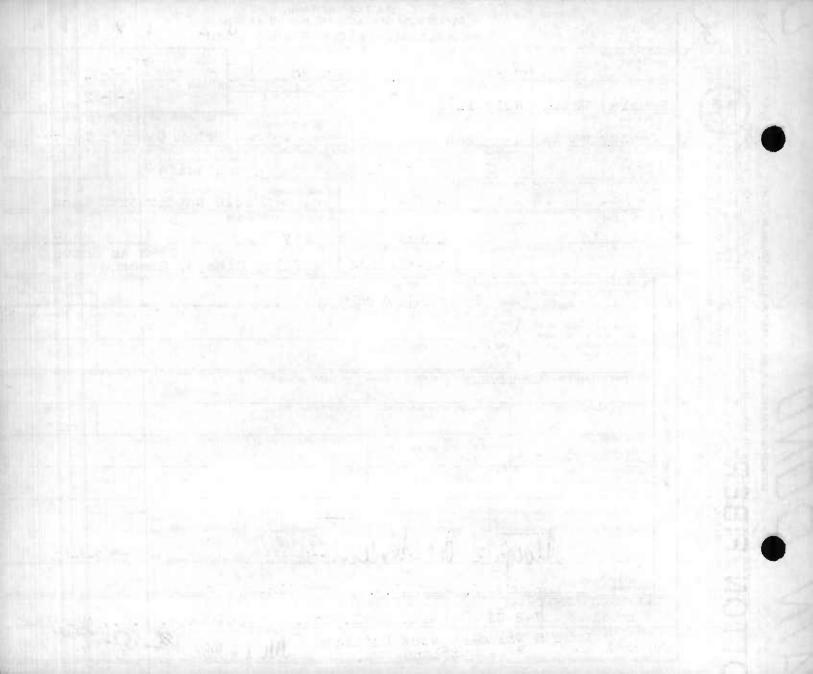


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4		REGISTRAR		ME		EXAMIN	IER'S C	CERTIFIC	ATE O	F DEAT	H REG	. NO.	•	-
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NO TO SERVICE	3 SE	ale	White	5 DATE OF BIRTH	58	6. AGE (IN YE LAST BIRTHO 24			HOURS		DATE ONOUNCED DEAD	MONTH 7	6 19 82	10 P
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MD. MD. 11, 2, 11, 2, 12, 2, 3, 4, 7, 11, 15	14 F	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE	N NAME	WIDDIE		LAST	
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L EXAMINER: THIS ECERTIFICATE, W JOUID BE FORWAR I. DIRECTOR: PAG H. WITH THE STAT MARYLAND, 212		22a. I certif	y that I took charg	e of the remains de	escribed ob		Autor		Inspection	n .	Inquiry .	and in my ap	pinian	
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	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	19b. COND	ITION FOR WHICH OP	ERATION W	AS PERFORMED?			20 AUTOPSY	?
	IFIC.									YESX X	NO 🗆
-7	ERT	210 EXTERNA	L CAUSE WAS	21b. TIME C			OW INJURY OCCURRE	D LENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PA		110
3	ALC	UNDERLYING	OR		M. MONTH DAY YE						
-	DIC	21d INTURY C	NG CAUSE OF		A. 19 OF INJURY (ATHOME.	21f. LC	CATION				
	ME	WHILE	NOT WHILE AT WORK	STREET, FAC	TORY, FARM, ETC.)		STREET	CITY OR TOWN	V CC	YTAU	STATE
		AT WORK	AT WORK				577				
	3.5	22a I certi	y that I taak char	rge of the remains de	scribed abave, held an	Autap	sy 🗓 , Inspectio	n . Inquiry [, and in my a	pinian	
		death results	ed from: Fint	ural causes XX.	Agrident .	Suicide	, Hamicide	Undetermined man	ner .		
				1000	Hack	1.	TITLE (SPECIFY)				
		ACTUAL SIGNATURE.	V	unare	MACHE	ell N	Assistant	MEDICAL EXAMI	NER SIGN	7-6-82	
5				0	-0						
O	-	EXAMINER'S (TYPE OR PRI	NAME Mai	rgarita A.	Korell M.	D.	ADDRESS 111 Pe				
BALTIMORE, MARYLAL	23a. B		ION, REMOVAL	23b. DATE	23t. NAME OF C			23d LOCATION	COU	INTY S	TATE
	(Buria	1	7-8-82	Wash. N	Natl.	Cem.		d, P.G.		
,	24 F	JNERAL DIREC	TORobt. 1	E Wilhel			126- DATE	REC'D. BY REGISTRAR		SIGNATION!	
))	Fu	mëral	Home	Rd., S	uitland,	Md	and	1 4 1982	Made L		
						THU.		1447			



\$27.1\2, \\XXX\2, \\Z\1\7\2\ LANGE PLANT SPARE WE

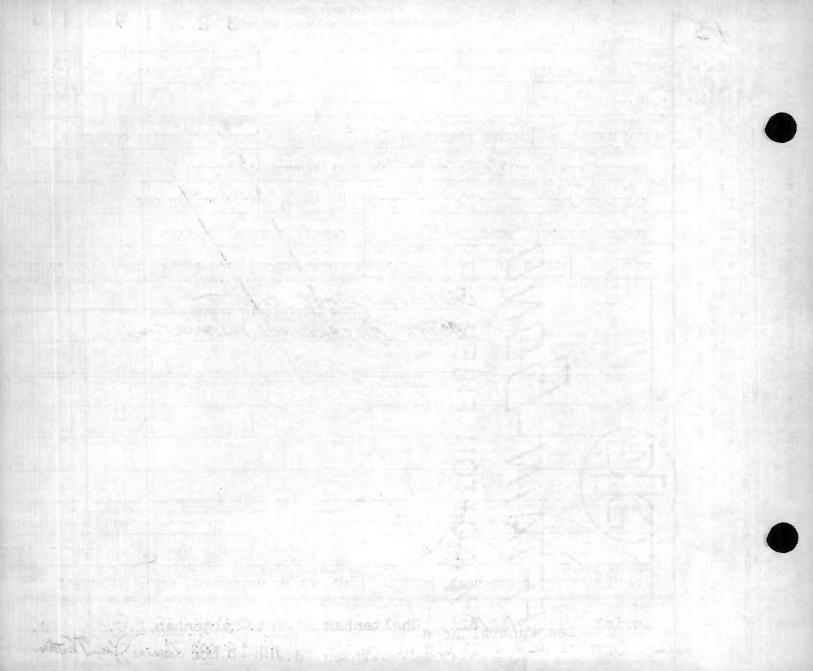
W -	It	em 11 per phone 8,	3/4/82 dad STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1 1 4
TO COM	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	1 1 0
AN SE		CEASED NAME GRACE	A A	24 PT 1235
SSARY, PLA ALDIRECTO 1 YOUR FILE HIN Z HOUR STON STREE	3. SEX	F A. RACE S. DAT MONT 3	NTH DAY YEAR STREET	410 82 1235
NECESSA FUNERAL 5 FOR AL 0 WITHIN M. PRESTO	FC	RTHPLACE (STATE OR 7b. CIT	U.S.A MARRIED NEVER MARRIED PRINCE GI	SORGEMD.
TEA BOILD		LAUREL GAR	LANG OF HOSPITAL NURSING HOME OF WORK 126 FOR MOST OF WORKING LIFE) LUM HOSPITAL OCCUPATION (TYPE OF WORK 126 FOR MOST OF WORKING LIFE)	OR INDUSTRY
21201 F ANY DELA AND 3 TO RETAIN P POULD BE RECORSO	De. S	AL RESIDENCE (IF IN NURSING NOME OR OTHER IT TATE MD 136 COUNTY N	TG. Silverspring 13d. Inside (ITY LIMITS? 130. STREET ADDRESS YES NO [3118 FAIrland	Rd.
PE MO.	14. E	THER'S NAME HERBE	RT JACKSON BRACE ADAMS	LAST
BALTIMO IRS AFTER D S. GIVE PAG WITH FORM T. PAGES IN DIVISION O	160. \	VAS DECEASED EVER IN U.S. ARMED FO ES, NO, OF UNKNOWN) (IF YES, GIVE WAR OR D	ORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT DO USEU (husband)	same As
W. PRESTON ST D WITHIN 24 HOL PENCIL IN ITEM 11 MAINER ACONG 1-TRANSIT PERMIT ENTAL HYGENE.		Conditions, if ony, which gove rise to immediate couse (a) stating the <u>underlying cause lost.</u>	DUE TO, OR AS A CONSEQUENCE OF (b) Carcinoma of the lung DUE TO, OR AS A CONSEQUENCE OF (c) With melastoris	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S S S S S S S S S S S S S S S S S S S	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2B AUTOPSY?
DIVISION OF VITAL RE SCRIFFICATE SHOULD RITING THE WORD "FE RITING THE WORD "FE RISED TO THE CHEF AS RISED TO THE CHEF AS TO SPRING TO BURIAL OF HEAD OF PRICE TO BURIAL OF		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	
- ESSUE 4	MEDICAL	71d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (ATHOME, STREET CITY OR TOWN COUNTY OF TOWN CO	Y STATE
TO MEDICAL EXAMINEE: THE SECUTE THE CERTIFICATE WITH PACE 4 SHOULD BE FORWATO FUNKECTOR: PACIFIC SHOWN WITH THE STAME BALTIMOSE; MARYLAND, 231		27a. I certify that I took charge of the death resulted from: Natural couse ACTUAL SIGNATURE	M	1-24-Fz
TO ME PAGE TO FU	23q.8	EXAMINER'S NAME (TYPE OR PRINT) URIAL CREMATION, REMOVAL 236. DAT		M-+- M
DHMH-17 (VR A15 ME (5))	7	DUKIAN 1-	ODDRESS 246 N. WAS L. SASO DATE REC'D. BY REGISTRAR PREDICTION OF JUL 28 1982	Many, IVI

TO THE TOWN A THANK IN THE REAL PROPERTY AND ADDRESS AS A REAL P.

RECISTRAR L.DECEASED NAME I.DECEASED N		FOR 1 - STATE		DEP		OF MARYLAND ALTH AND MENTAL I	HYGIENE 8	2	190	17
SHREE MARE SOLAL SCREEN WAS DECEMBED AS SHREET SHAPE S		REGISTRAR								
3. SEX 3. SEX 3. DATE OF BIRTH DN 3. BIRTHPLACE STATIONFORM COUNTRY 18. BIRTHPLACE STATIONFORM COUNTRY 19. BIRTHPLACE STA		TYPE OR PRINT!	4				0 -			3300
The Birtherace static decrees in a citizen of what country? In active of two of the active of what country? In active of two of the active of two o	ું 3	SEX	RAC	CE	5 DATE OF	DAY YEAR		EARS LAST BIRTHDAY)	MONTHS DAYS	R IF UNDER 24 HRS
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18. STATE 136. COUNTY 136. CITY OR TOWN 136. STATE 136. STAT	10	11.1.		NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS	1 .		OCCUPATION IK FOR MOST OF WORK		
15 MOTHER'S NAME 15 MOTHER'S MADE NAME NAME 15 MOTHER'S MADE NAME NAME NAME NAME NAME NAME NAME NAM	33	ISUAL RESIDENCE (IF NU 30. STATE	13b COUNTY	13c. CITY OR 1	OWN 1		1 1	ODRESS .	o PI 11.5	1.00m H
NEAD WAS DECEASED EVER IN U.S. ARMED FORCES? 18s SOCIAL SECURITY NO. 17 INFORMANT ADDRESS NO. MILE OF INJURY 17 INFORMANT ADDRESS NO. MILE OF INJURY NO. 17 INFORMANT NO. 18 CAUSE OF DEATH Enter only one cause per large rate of the course of	1		1 . 9	HINCH	73.11		100	a acke	K II NUI	ICIOST N
TEST OOR NAME CREATER ONLY ONE COURSE STT-51-1160 DEFLICATION STREET STORY STORY STATE	00	and the same of th	H	READMO	Buc	Bes	910	S,	JAR	poe
18 CAUSE OF DEATH Enter only one couse per lyston 10.1-b., and 15 PART 1. DEATH WAS CAUSED BY: MAMEDIATE CAUSE TO BE 10 DUE TO OR SUSSIDIENCE OF MAMEDIATE CAUSE TO Immediate Couse 10.1-b. to 10.1-b. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-1-b. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-1-b. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-1-b. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-1-b. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-1-b. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-1-b. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED	7	(YES, NO OR UNKNOWN)			ECURITY NO. 1	7 INFORMANT	ATA.	ADDRESS		17 A
PART 1. DEATH WAS CAUSED BY:	/ =					DEK WHED	· JOWA	13 45/	N Ilem	10"
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 280 AUTOPSY? 170 IN CERTIFYING CAUSES OF DEATH? 170 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 190 OR CONTRIBUTING CAUSE OF INJURY OCCURRED 190 OR CONTRIBUTING CHITCH PART 20 OR COUNTY 190 OR COUNT		gove rise to in couse (01, stat underlying cous	nmediate ing the e lost	(6)	40 M = N = N = 20 M	Cerane	Hear	y phi-	en se	25
218. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) WHILE NOT WHILE AT WORK 220. Lertify that (I) (this respirate attended the deceased from sow the deceased alive on obove. (I) (web) (did (did not view the body after death.) DEGREE 272. DATE SIGNED 273. BURIAL, CREMATION, REMOVAL 273. DATE 274. DATE 275. DATE REC'D. BY REGISTRAR 256. GETP 275. 276. DATE REC'D. BY REC'D. BY REC'D. BY REC'D. B	vlory.	PART 2. OTHER SIC	GNIFICANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE T	ERMINAL DISEAS	E OR CONDITION	N GIVEN IN PART 1	(0)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22e. I certify that (I) (this hospinath attended the deceased from sow the deceased alive on obove, (I) (wee) (died) (clid nat view the body after death). 22e. A DURESS 22e. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. DATE RECID. BY REGISTRAR 256 (GSTE RE) 25o. DATE RECID. BY REGISTRAR 256 (GSTE RE)	2	19a DATE OF OPER	ATION I	B CONDITION FOR WH	ICH OPERATION	WAS PERFORMED		IN C	ERTIFYING CAUSE	S OF DEATH?
270. I certify that (I) (this hospitual attended the deceased from sow the deceased alive on	1 -21	OR CONTRACTOR	CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	TIC HOW INJURY OCC	CURRED (ENTER N.	LTURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)	
sow the deceosed alive on obove, (1) (web) (did (did not view the body after death). DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 272d. PHYSICIAN'S NAME (TYPE OR PRINT) 272d. PHYSICIAN DIRECTOR PHYSICIAN 273d. BURIAL, CREMATION, REMOVAL PARA PRINTING SPECIFY) 273d. BURIAL, CREMATION, REMOVAL PRINTING STATE 273d. NAME OF CEMETERY OR CREMATORY SUIT LEAD 273d. LOCATION CHYPORTOWN CHYPORTOWN STATE 275d. DATE REC'D. BY REGISTRAR 256 COUNTY STATE 275d. DATE REC'D. BY REGISTRAR 256 COUNTY 275d. DATE REC'D.	4		RRED 21	e PLACE OF INJURY	7	III. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
270. BURIAL, CREMATION, REMOVAL 727/82 DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 2003 270. BURIAL, CREMATION, REMOVAL 735, DATE 7/27/82 270. DATE RECTO. BY REGISTRAR 725/ GOLD PHYSICIAN DE TRANSPORTER TO THE PHYSICIAN DIRECTOR PHYSICIAN D		sow the decen	red alive as 7	1/27	~ ~ /	That in (my) (our) opin	to	7/2-4	d hour and from the	that (1) (we) loss
236. BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY SUIT LAND COUNTY STATE 18	E ale		(did) (did nat_view	the body after death.	DE		G MEDICAL	STAFF	22c. DATI	ESIGNED
236. BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY SUIT LAND COUNTY STATE 18		11			/		DIRECTOR	PHYSICIAN [171	27/12
Burial 7/27/82 Cedar Hill Cemetery Suitland Pr. Geo Harls	MPORTANT		/			1000	DX-0	pre	MAL	1 50 00
250 DATE REC'D. BY REGISTRAR 250 GGTE COMMENT	2	(SPECIFY)	, REMOVAL 23b.				RY 23d. LOC.	ATION DR TOWN	COUNTY	STATE
	2	LANGE DIRECTOR	111	1.1	1		DATE REC'D. BY	EGISTRAR 250	GETP R SEEM	Tan

Furnial 7/27/82 Cooks Hill Convery without Er. Goo. Maryland

13	1	FOR - STATE REGISTRAR	DEPARTN	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 2 REG. NO	9018
1		CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 2b. HOUR
RAI)		DONALD	LEWIS DURGE	Œ	JULY 7, 1982	12:30p _M
NW NO	3, SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	24 0	MALE	WHITE	NOVEMBER 6, 1924	57 YRS	
9	/a. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	TO CITIZEN OF WHAT COUNTRY? UNITED STATES	MARRIED T NEVER MARRIED	PRINCE GEORGE'S	
10	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
\$2X		ANDREWS AFB	MALCOLM GROW USA	AF MEDICAL CENTER	CARPENTER	INDUSTRY
94 st. po	130	MARYLAND PRINCE	OTHER INSTITUTION GIVE RESIDENCE BEFORE 134. CITY OR TOWN	PRINGS NO X	4705 PELHAM CRT	
exal A	14 F.	CLYDE PUTNAM	DURGEE	DORIS LUI	ELLA DELANO	LAST
dicol		WAS DECEASED EVER IN U.S. ARI			ADDRESS MD	
ng physicion and bon popers. Pag remaval. c event, the medi			1961 099-16-6		EE 4705 PELHAN CF	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one couse per line for (a), (b), and BY:	PUCHOWARY BY		BETWEEN ONSET AND DEATH
		11100 IMMEDIAT	E CAUSE (U)	ACTIME AGGGARDS	CREST	
10mg		Conditions it are title	DUE TO, OR AS A CONSEQUE		INFARCTION . INFARCTION	
rtro		Conditions, if ony, which gove rise to immediate couse (a), stating the	(b) //CO18		71071110140	
othe		underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
yury, or	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	NNAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
ws ony ir	CERTIFICATION	19s DATE OF OPERATION	THE CONDITION FOR WHICH I	OPERATION WAS PERFORMED	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?
or Item 18 shov		STE. ACCIDENT WAS UNDESTRING CONCERNING CONCERNING CAUSE OF DEA (PETIMER, NOTHER MEDICAL EXAMINER)		Y YEAR 19	RED (ENTER HATLISE OF HULLEY IN HEW IN Y	Total State
ked or I	MEDICAL	114 INJURY OCCURRED	THE PLACE OF INJURY INTHOME STREET FACTORS, ORDER FA	BM STC J ZIII LOCATION	CITY OR TOWN	COUNTY STATE
RECTOR. After the ned for use os the spt. of Health and tem 21 is marked of		A STATE OF THE PARTY OF THE PAR	APRII 20 19 8	DEGREE		22c. DATE SIGNED
TANT: If		276. PHYSICIAN SNAME (TYPE OF	RPRINT)	ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	JULY 7, 19
MAPORTANT: II			CAPT, USAF, MC		W USAF MC, AAFB,	MD 20331
, =		BURIAL, CREMATION, REMOVAL (SPECIFY)	236. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR YOWN	COUNTY STATE
-	24 5	Burial UNERAL DIRECTOR Lee I	17/12/82 Ch	eltenham Md. Ve	t Cheltenham P	.G. Md.
(1/B1 ()			nder Ferry Rd		E REC'D. BY REGISTRAR 25 REGIST	VI OIV
		Jy old milona,	nder refry kd.	Clinton Md.JU	L 10 1302 characo	



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FOR DEPARTMENT OF HEALT!

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9019

REGISTRAR			CERTIFICATE OF DEATH	REG. NO	0	
1. DECEASED NAME	FIRST	MIDDLE	LAS1		MONTH DAY YEAR	26 HOUR
(TYPE OR PRINT)	MABEL	В.	DUTY		07-25-82	3:42AM
3. SEX	4 RAC	E	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRE		
Female	·	hite.	FCD 7 19	24 57	YRS.	HOURS MIN.
BIRTHPLACE (STATE	E OR FOREIGN 76 CIT	IZEN OF WHAT COUN	VIRY? 8	9 BALTIMORE CITY O		
	ainia (75A	MARRIED NEVER MARRIE	- IDDINCE CEO	RGE'S COUNTY	MD
WEITY OR TOWN OF	DEATH 11. N		IURSING HOME OR OTHER INSTITUTIO	ON 120 USUAL OCCUPATION	ON 126 KIND (OF BUSINESS OR
CHEVERLY		NOT IN SUCH FACILITY, GIVE		TAL FOOD WORK FOR MOST OF	1301	
AL RESIDENCE (#	NURSING HOME OR OTHER IN	STITUTION GIVE RESIDENCE	E BEFORE ADMISSION)		aga mos	CLOCK
Manday	IN COUNTY	134 CITY OF	TOWN 13d. INSIDE CITY LIM	3 13 - 1-	0	
14 FATHER'S NAME	12000		. 15. MOTHER'S MAID	EN NAME	1	
Isrec	MIDDLE	Boldi	SI DILLES	MIDDIE	Miller "	i\$1
60 WAS DECEASED E			SECURITY NO. 17, INFORMANT	ADDRE	SS	1
120	(Tes, one was	237	40.826) Chode	OF DUHY S	Ecmo. OF	713
18 CAUSE OF D	EATH (Enter only one of	couse per line for (0), (bi, opd (c). 6	.1	APPROX	XIMATE INTERVAL LONSET AND DEATH
	H WAS CAUSED BY: IMMEDIATE CAU	SE (a)	said Pulmongs	9 arrest		
050		UE TO, OR AS ACON	SEQUENCEOE	/		
Conditions, if		dila	2 // / ~ // //	ac clisea	se	
gove rise to		JE TO, OR AS A CON	SEQUENCE OF GUD			
underlying co		or to, or as a con	septicamia		STORY OF THE	
	SIGNIER ANT CONDIT	HOW CONTRIBUTING	G TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONE	DITION GIVEN IN PART TO	10 2 44
& Chunc	i Kenal	failure.	ATTEROVEHUS	Fistule bleed	ing Bleid	ing dialhe
190 DATE OF OPI	ERATION 19	ONDITION FOR W	WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDING CAUSES	
E .				YES NO	YES	NO [
21a. ACCIDENT WAS		b. TIME OF INJURY	216 HOW INJURY C	OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART (OR PART 2)	
OR CONTRIBUTING	MEDICAL EXAMINER	P.M.	19			
(IF EITHER NOTIFY	CURRED 21e	PLACE OF INJURY	211 LOCATION	CITY OF TOV	wn COUNTY	STATE
NC NC	T WOPK	THOME, STREET FACTORY, C	OFFICE, FARM, ETC)	,	VN CO0411	SIAIE
	t.(I)/(this hospital) att	ended the deceased	from July / 19	82 10 July	25 10 85	that (I) (we) lost
saw the dec	regsed olive on	160424	19 82, and that in (my) (our) o	pinion death occurred on the do	te and hour and from the	
774 SIGNATURE	(did) (did not Mew		DEGREE		22c. DATE	
	mful)	July	ATTEND		F _ 7	25-82
224 PHYSICIAN'S	S NAME (TYPE OF PRINT)	-	PHYSIC 27e ADDRESS	IAN DIRECTOR PHYSIC	IAN []	20 00
KIELD	AL COL	TH.				
DI TOTAL	3/10	X/1/				
230 BURIAL, CREMATIO	ON, KEMOVAL 736	DATE	231 NAME OF CEMETERY OR CREMA	TORY 23d. LOCATION	Cogney	LOWI
IL UNDRAL DIDECTO		Mydo og	DOUTH PTO I LIEM	SO DATE BECID BY BECIETE	Se Chon	matter 1
Part Sel	L PUNDA	6/ /-12 m	het OWIng	So DATE REC'D BY REGISTIFANT	Trade of	TO SHADOW
MUND			/01	AAF 0 - 100F		

DHMH - 16 50M 1/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

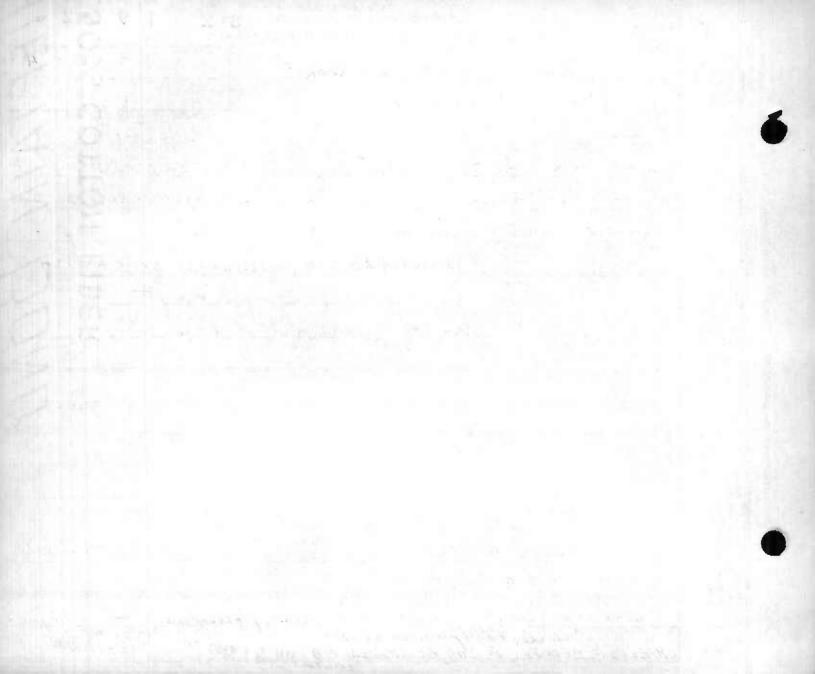
Tolog Decorate Party Company N 212 - 17 93 and the first of the second of Public Committee 200 - 2-11-11 The state of the s

Guessian June 16 1903 79 Machineton, D.C. W.E.A. .O .T. .O. 361 .†e1 Varyland Prince Jeonre crest leights x 9 lecunseh r. atrick J. Ermer arion I. White -17-07-9278 James 1. Farmer 1213 Lindsey nd. Purial 7/29/82 St. Mary's Coretary Washington, S. C. Green the numeral home Green Hill, Po.

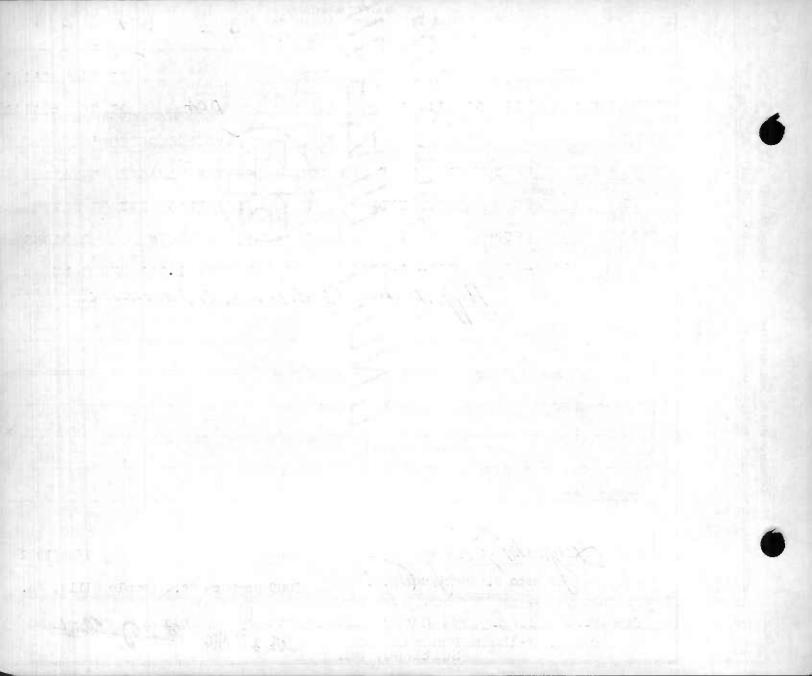
	1	FOR - STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 2	19	2 2
7 -		CEASED NAME FIRST	MIDDLE		LAST			AR 26 HOUR
deot				• = -	DWARDS		7-29-82	9:04AM M
	3. SE		4. RACE	5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
	-	Female	Black		/29/1932	49	YRS	
1		IRTHPLACE (STATE OR FOREIGN COUNTRY)	75 CITIZEN OF WHAT	MARRI	ED DIVORCED	9 BALTIMORE CITY OF PRINCE G	EORGE'S CO	
ļ	C	HEVERLY	PRINCE	ORGE SO GENE	RAL HOSP.	(TYPOF WORK FOR MOST C	ON 126 KI E WORKING (IFE) INDUS	ND OF BUSINESS OR
3		AL RESIDENCE (IF NURSING HOME STATE 136 CO PG ATHER'S NAME		Tysville	13d INSIDE CITY LIMITS? YES XX NO 15 MOTHER'S MAIDEN NA			l,Hysville
06		Willie F Ga	$\mathrm{d}\mathrm{d}\mathbf{y}$	LAST	Marie V E	dwards		LAST
medicol	160	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	OCIAL SECURITY NO.	17 INFORMANT	ADDR	Hystvill	le Marylan
the me		YES, NO OR UNKNOWN) (IF YES,	24	+0 46 549	Irben J E	dwards, Jr	5342 Che	speak rd
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one cause per line for SED BY: IATE CAUSE (0)	RESPI	RATORY	ARRES	BETY	PROXIMATE INTERVAL WEEN ONSET AND DEATH
umotic		Conditions, if ony, which	DUE TO, OR AS	VEMONARY C	ONGESTION DUE	ТО		
or other tre		gove rise to immediate couse (01, stating the underlying couse last	10,		ATERAL SCLERO			
injury, o	NOI	PART 2. OTHER SIGNIFICAN	TOP NE	BUTING TO DEATH BUT	DISEASE TO THE TERM	AINAL DISEASE OR CON		HYROIDISA
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FI	INDINGS USED USES OF DEATH? NO
a		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJU		21c. HOW INJURY OCCUR		RY IN ITEM 18 PART I OR PAR	RT 2)
Tea 7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	NER) P.M.	19	2011			
ō/	MEC	WHILE TO NOT WHILE TO	21e. PLACE OF IN. (AT HOME, STREET, FAI	CTORY OFFICE FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn count	Y STATE
morked		22a 1 certify that (I) (this has	inital) attended the dec	avad trans	20/ 1082	. 7 13	2 7 10 87	
21 is		sow the deceased alive	on 7/28	1087	nd that in (my) (our) opinion	death occurred on the do		, 1101 (11 (WE) 1031
fem		obove (I) (we) (did) (did 22b. SIQNATURE	not) view the body ofter	deoth.	DEGREE			DATE SIGNED
IMPORTANT: IF	113	4VMa	antle	Trun	M ATTENDING PHYSICIAN	MEDICAL STAR	F	
7		22d. PHYSICIAN'S NAME TYP	E OR PRINT)		22e ADVINESS			
		K. MOHAN	M.D.		6492 LANDOVE	ER RD, #C, L	ANDOVER, N	D. 20785
		BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
		Burial	7/3/82	Washi	ngton Nast	Sui +1	TAT COUNTA	STATE
/81		UNERAL DIRECTOR			250 DAI	E REC'D. BY REGISTRAR	REGISTRAR VSTO	Wilke.
)	Du	dlev.S Fun F	Tomo Too T	LOC DE	AU	IG 51982	John to	which

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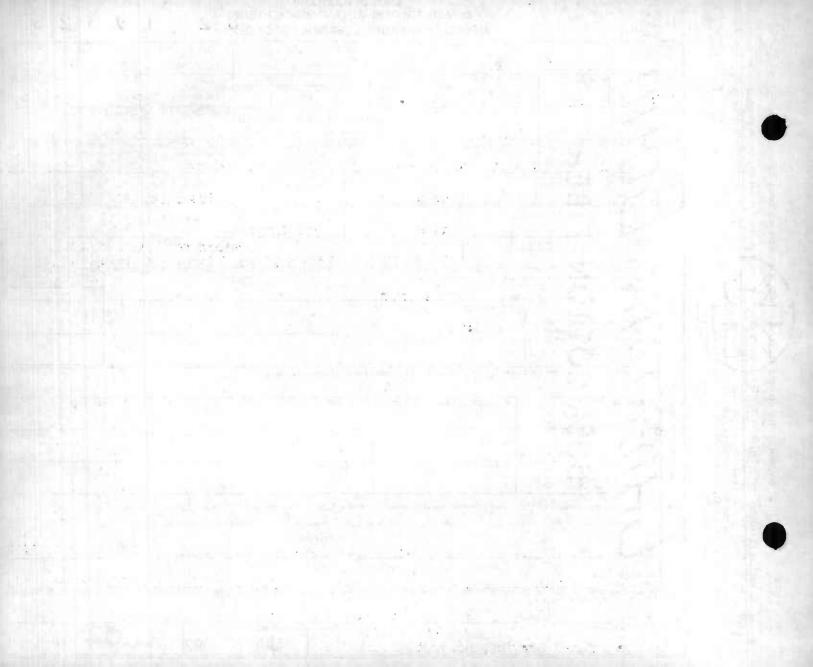
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 19 . SEX 4. RACE DAY IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 0 Sept. 26 1914 DEAD 6 To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) INDIANA EGEORGE WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS FOR MOST OF WORKING LIFE) PRINTER (Retired) Colle.GE Newspaper USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE RINCE 13d. INSIDE CITY LIMITS? 6030 Wes Tothes Ter PKDR. George College PARK MARULAND NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST LIFFOTC FREDERICK ELLER HORST F. NINA DIVISIONO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR, UNKNOWN) (IF YES, GIVE WAR OR DATES) 315-07-4128 No SAME AS 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MAMEDIATE CAUSE (a) OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF ED AS A BURIAL - TRANSIT HEALTH AND MENTAL HYC Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICALE SHOULD EXECUTE THE CRRTIFICATE. WRITING THE WORD "PROFE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? YES 🔲 NO S 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 21e PLACE OF INJURY (AT HOME 21f LOCATION 714 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted fram: Suicide Hamicide Undetermined manner LITLE (SPECIF) ACTUAL MEDICAL EXAMINER SIGNED EXAMINER'S NAME SAID DAEE (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY OLITANCREMATORY REMATION ALEXANDRIA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. RE **DHMH-17** (VR A15 ME (5)) RINCE FRED! 15M 2/80



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE * FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN MONTH 7b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED BETTY ELLIOTT 3 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2c. DATE MONTH LAST BIRTHDAY) YEAR PRONOUNCED D PEAD FEMALE CAU 30 11 70 YRS 19 8 2 1 1 4 14 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED PRINCE MICHIGAN USA WIDOWED GEORGE'S IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE! ANDREWS AFB MALGOM GROW USAF MED CEN OFFICE MANAGER RETAIL 13e STREET ADDRESS 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? PG 524 WILSON BRIDGE MD OXON HILI YES Y NO DRIVE 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE FIRST LAST FIRST NELSON OSGOOD RHOADES FRANCES BROWN RHOADES 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO DIVISION FT WASH MD (YES, NO. OR UNKNOWN) YES 1944-45 563-01-9254 MARSHA 13323 OHEEN DONNELLY APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per Inf for (a), (b), and (c).) PERMIT. PART I DEATH WAS CAUSED BY HEALTH AND MENTAL HYGIENE, ander baseales IMMEDIATE CAUSE DUE TO, OF AS A CONSEQUENCE OF **BURIAL-TRANSIT** Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION ICATE, WRITE E FORWARDED TO THE CTOR: PAGE 3 SHOULD BE USED A: TOR: PAGE 3 SHOULD BE USED A: TORE TO BE PARTMENT OF HEA! 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO D 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f LOCATION 21d. INJURY OCCURRED (AT HOME EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK Inquiry X 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian Homicide ___ Undetermined monner death resulted from Naturol cause TITLE (SPECIFY) 7/24/1982 ACTUAL DATE Deputy SIGNATURE MEDICAL EXAMINER P. Rode EXAMINER'S NAME Augusto guez ADDRESS 5009 Rayburn Ct., Temple Hills, Md. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g BURIAL, CREMATION, REMOVAL 23b. DATE 25July1982 Cedar Hill Crematory Md Cremation Suitland Wilhelms Funeral Home **DHMH-17** VR A15 ME (5) Suitland, Md 15M 2/80



1,	FOR			DEPARTA			ARYLA AND M		HYGIEN	JE O		1 0		. 0	{~
1,-	STATE REGISTRAR		M	EDICAL E	XAMIN	ER'S C	ERTIFI	CATE	OF DE	RTH 4	REG.	NO.	U	1 4	2
	CEASED NAM	E FIRST		MIDDLE			LAST			20. DATE OF	KNOWN	MONT	H DAY	Y YEAR	76. HOUR
	PE OK PRINT)	Blanch	e P.	E	lliott						ESTI- MATED	Jul	y 4	182	2 P M
3 SE	Х	4 RACE	5 DATE OF BIRTI	Н	6. AGE (IN YE.	ARS IF UN	DER 1 YR.	IF UNDE	R 24 HRS.	2c. DATE		MONTH	1 DAY	Y YEAR	2d. HOUR
Fe	male	Black		, 1898	84 Y		S DAYS	HOURS	MIN	PRONOU! DE AD		July	4	1982	8 P M
	IRTHPLACE (S		76. CITIZEN OF V	VHAT COUNT	TRY?	B. MARRI	ED N	EVER MAR	RIED 🗀	9. BALTIN		Y OR COU		DEATH	
1	rginia		U.S.A.			WIDOW			CED 🙀	Pri	ince	Georg	re .		MD.
	ITY OR TOWN	OF DEATH	11 NAME OF HO	DSPITAL, NUR	SING HOME	, OR OTH	ER INSTITU	NOITU	12a USI	MOST OF WOR	PATION ((TYPE OF WOR	K 12b. K	KIND OF BU	JSINESS
H	yattsv	ille /	Grooms 1						I	cetary					t Thtr
	AL RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION,	GIVE RESIDENCE	OR TOWN	ON)	134 INSIDE	CITY LIMITS?		REET ADDRI					
D.					ningto	n	YES 🙀	NO [St. NV	V. #	201	
14. F	ATHER'S NAM	E	MIDDLE	L	AST		15. MOTH	FIRST MAIL	DEN NAM	E	AIDDLE			LAST	
	Isum			Pric	ce		I	da Gr	aysor	1					
160.	WAS DECEASE ES. NO. OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)		IAL SECURIT		17. INFOR					ESD.C.			
	No			579-	-03-16	80 A	Alfre	eda P	Pitts,	frier	nd, 26	37 Na	ylo	r Rd.	SE
	18 CAUSE (OF DEATH (Enter or EATH WAS CAUSE	nly ane cause per li	ле far (a), (b),	and (c).)	Sec.							8E	APPROXIMAT	E INTERVAL T AND DEATH
	44	A IMMEDIA	TE CAUSE (a)												
	Condition	ins, if any, which		OR AS A CONS	SEQUENCE (OF									
	gave r	ise to immediate	(b)	ASVD							_				
	lying ca) stating the <u>under</u> - use last.	DUE TO, O	R AS A CONS	SEQUENCE (OF									
	BART 2 DIVING	CHIEFS AND COMBINIONS	(c)	III BUY NOV Act II											
z	PART 2 DIMER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUI NOT RELAT	ED TO THE TERM	INAL DISEASE	DR CONDITIE	DN GIVEN IN I	PART 1 (a).						
5	19g. DATE O	POPERATION	III CONE	DITION FOR W	VHICH OPER	ATION W	AS PERFO	RMED?					20	, AUTOPSY	2
FIC		14. 6. 0. 1	17.0.001.0			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,012111 01						10.		
CERTIFICATION	21a EXTERN	AL CAUSE WAS		OF INJURY		21c. HC	OW INJURY	Y OCCURE	RED (ENTER	NATURE OF IN	JURY IN ITEM	A 18 PART 1 OR	PART 2)	YES 🗌	NO 🗌
ALC	UNDERLYING	G OR	HOUR A.	.M. MONTH		2									
MEDICAL	21d INITIDY	OCCUPPED	21e PLACE	E OF INJURY			CATION								
X	WHILE	NOT WHILE [STREET, FA	ACTORY, FARM, ET	C.)	S	TREET			CITY OR TO	WN		COUNTY		STATE
					1,11,1										
		ify that I taak char				Autapt	, —	Inspecti		Inquiry		and in my	apinian		
	death resul	rea fram: Natu	ral causes 🔲 ,	Accident	∟, S∪	icide L		icide	Undet	termined me	nner	٦,			
	ACTUAL SIGNATURE	SAIN	AT	128 K	IN		,	specify)		NCAL EV	11.155	DAT	E T	ulv 4	, 1982
1	SIGNATURE	7:11) 11: 1	A VINC	/	<i>/</i>	.U	-40/	MED	ICAL EXAM	VINEK	SIG	NED		
	EXAMINER'S	NAME Sai	d A. Dae	a. M. I) -		ADDRESS_	563	2 Anr	napoli	s Rd	. B1	ader	nsbur	g, Md,
23a.E	URIAL CREMA	TION, REMOVAL			AME OF CEA					OCATION			YTHUC		TATE
Cr	emation	1	July 6, 1	1982 I€	e and	Sons	' Cre	emato	ry Wa	shine	ton.				IAIE
	UNERAL DIRE	CTOR	July 6,]	74	00 Geo	rgia	Ave.	NW DATE	E REC'D. BY	Y REGISTRA	R 25b. RE	GISTRAR'	SIGNA	ATURE!	100
M	cGuire	Funeral							UL Q	198	2 /	name	Sales .		and an artist of the second
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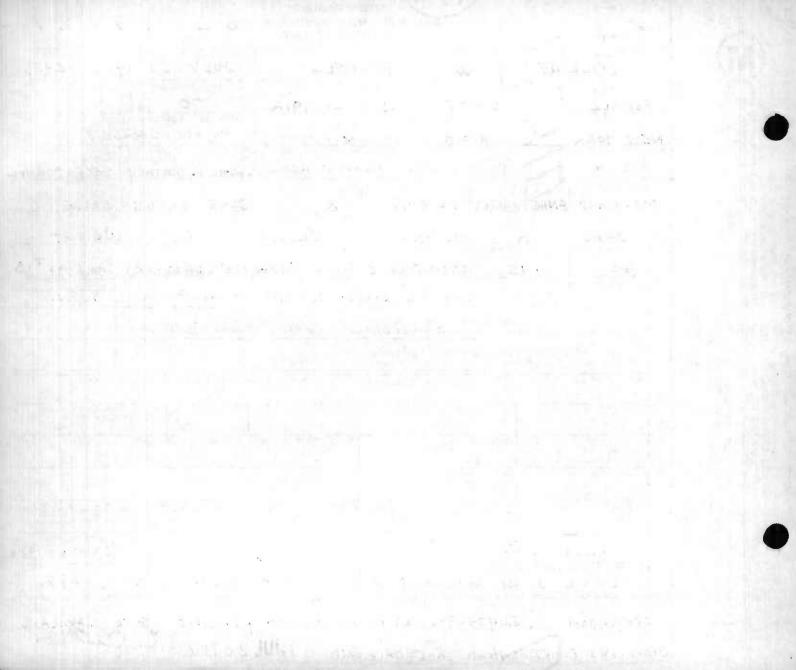


STATE OF MARYLAND

item 7a #G570 8/31/82 ph

The attack term of the first contract of the The state of the s AND THE RESERVE OF THE PARTY OF

\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	FOR - STATE	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HY	GIENE 8 2	9027
(M)	REGISTRAR 1. DECEASED NAME FIRST (TYPE OR PRINT) OLLINE	WIDDLE	CARRELL		0AY YEAR 26 HOUR 445 A
ge 4 mu ector, rs aft	3 SEX FEMALE		ATE OF BIRTH MONTH DAY YEAR AN. 21, 1912	6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
n 72 hou	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	76 CITIZEN OF WHAT COUNTRY? 8	RRIED NEVER MARRIED OWED DIVORCED	PRINCE GEO	
s ofter de by the fur iled within	A DEL PHI	11. NAME OF HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE LEGAL SECRETARY	126. KIND OF BUSINESS OF
thin 24 hour	130. STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS NTY 136. CITY OR TOWN ARUNDER SEVERN	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	130. STREET ADDRESS 8245 LEXINGTO	
Complete with the complete complete with the complete com	PIRST DAVID 16g. WAS DECEASED EVER IN U.S. AI	A. MC GILL RMED FORCES? 166. SOCIAL SECURITY N	PRST	ADDRESS	WRIGHT
be executed on and control or secuted control or se	(YES, NO OR UNKNOWN) (IF YES, GIV	WIT 089-07-001			SAME AS #13
guires that the death certific signed by the attending phy hen please remove carbon at to burial, cremation, or remoniting, or other traumotic even	Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause lost	DUE TO OR AS A CONSEQUENCE	EROTIC CARDIOVA	SCULAR DISEASE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SUDJEN (IN KNOWN) EN IN PART 1(0)
he low re on. hos been to permit 1 permit 1 be me prior	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPER.	ATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
Olysion OF VIT. UG PHYSICIAN T ottending physici trer this certificate she buriol-transi h and Mental Hygi inked or item 18 sh			EAR	RED (ENTER NATURE OF INJURY IN ITEM 18, P	
UG PHYSIC ottending tter this cert ss the burial h and Menti	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	21f LOCATION	CITY OR TOWN	COUNTY STATE
OR ATTENDING The hospital or piecerose, and or	sow the deceased alive or	ot) view the body ofter death.		death occurred on the date and hou	224. DATE SIGNED
HOSPITAL coinced by the Store could be det iff the Store in PORTANT:	22d. PHYSICIAN'S NAME (TYPE'S	PRINTI). HOUMANN M.	PHYSICIAN [ERDALE M.D.	23 2024 198
BP	236. BURIAL, CREMATION, REMOVAL (SPECEY) CLEMATION 24 FUNERAL DIRECTOR NAME CHAMBERS FUNERA	JULY 24, 1982 CEDA	OF CEMETERY OR CREMATORY R. HILL CREMATOR 250. DAT	23d. LOCATION CITY OR TOWN 24 SUIT AND P.G. E REC'D. BY REGISTRAR PROJECTION 28 1982	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR - STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

REG. NO

	I DECEASED NAME F	IRST	MIDDLE	t.	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
1	TITPE OR PRINTS	RUBY F	'RANCES		FENWICK	JULY	13	1982	4:25 p	٨
1	3. SEX	4. RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR		
	Female	Whi	te	10-	-29-1896 EAR	8	5 YRS.	MONTHS DAYS"	HOURS MIN	
24	70. BIRTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY	OR COUNT	Y OF DEATH		-
5	Virginia	U.S.A	-	WIDOWE		Prince	Georg	e's	M	ND.
3	Lanham		HOSPITAL, NURSING HEACHITY, GIVE STREET AI HOSPITA	DPRESS) I of	Pr. Geo. Co.	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Ret. U.S	T OF WORKING	LIFE) INDUSTRY		R
S		HOME OR OTHER INSTITUTION I. COUNTY Pr. Geo.	GIVE RESIDENCE BEFORE A 136. CITY OR TOWN Hy.		13d INSIDE CITY LIMITS? YES KE NO [13e. STREET ADDRES	S		St.	
,4	14. FATHER'S NAME FIRST Calhou	MIDDLE	Barbour	,	15. MOTHER'S MAIDEN NA/	A. MIDDLE		Brown		
1	(YES, NO OR UNKNOWN)	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	217-52-		17 INFORMANT Charlotte		(Nie	- 1	ame as bove	
	18 CAUSE OF DEATH (B PART I. DEATH WAS	enter only one couse per CAUSED BY: MEDIATE CAUSE (0)			HEART PAILURE	3		APPROX BETWEEN	ONSET AND DEATH	
	Conditions, if ony, wi	hich ((b)	RAS A CONSEQUEN							
	couse (0), stating underlying couse	the DUE TO, OI	R AS A CONSEQUEN							
	PART 2 OTHER SIGNIFI	CANT CONDITIONS CO	ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART I	0	
10	4 19a DATE OF OPERATION	N 196 CONDI	TION FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	ES. WERE FINDI	NGS LISED	-

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

IN CERTIFYING CAUSES OF DEATH?

YES [

STATE

NOF

22a.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death.

CERTIFICA

MEDICAL

per

FUNERAL DIRECTOR.

should b IMPORT.

 ∞

774 PHYSICIAN'S NAME (TIPE OF PRINT)

NOT WHILE

22e. ADDRESS

MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 220 DATE SIGNED

22b. SIGNATURE

Hong L. Tee, M.D.

Cedar Hill Cem.

DEGREE

3415 Hamilton St., Hyattsville, Md. 20782 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Suitland

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

NOTE

Burial 24 FUNERAL DIRECTOR

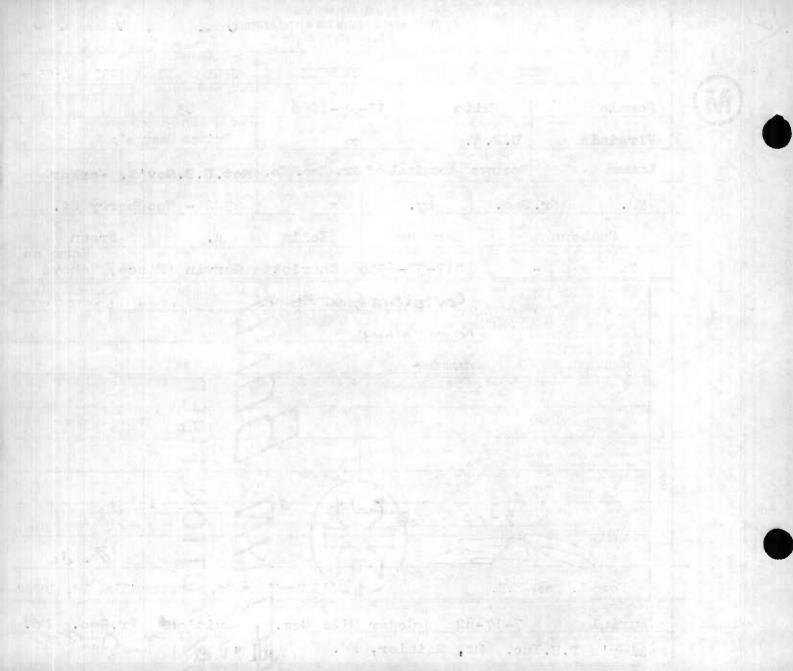
23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

7-17-82 Mt. Rainier, Md. Nallev's F.H. Inc.

23b. DATE

Pr. Geo Md.

DHMH - 16 50M 1/81 (VRA 15, 4)



		FOR			DEPARTME	NT OF HEALT	H AND MENTAL H	IYGIENE	9	9	0 2 9	
		STATE REGISTRAR		ME	DICAL EX	AMINER'S	H AND MENTAL H CERTIFICATE O	F DEAT	REG.	NO.		
		CEASED NAME	FIRST		WIDDLE		LAST	20	DATE KNOWN		DAY YEAR	26 HOUR
100	(TYP	E OR PRINT)	C.L		E.		r t		OF ESTI-	⊠ 7	2 . 02	
	3. SEX	4. RA	Flora	5. DATE OF BIRTH			Ferrina NDER I YR. I IF UNDER			MONTH	2 19 82 DAY YEAR	M
5	3. JE	1. 00	CL	MONTH DAY		AST BIRTHDAY) MON			ONOUNCED	1440,4114	DAI TEAR	2d HOUR 6:45
A			nite	2-27-1	905	77YRS.			DEAD	7	7 19 82	Рм
		RTHPLACE (STATE OR		76. CITIZEN OF W	HAT COUNTRY	? 8 MAR	RIED NEVER MARRI	IED 1	BALTIMORE CIT	Y OR COUNTY	OF DEATH	
0		. Carolin	าล	U.S.	Α.		WED TO DIVORCE	-	Prince (George!	s Count	V, MD
		TY OR TOWN OF DE		11. NAME OF HO	SPITAL NURSIN	G HOME, OR OT	HER INSTITUTION	12a USUAL	OCCUPATION (TYPE OF WORK	126. KIND OF BUS	SINESS
10		11			ACILITY, GIVE STREET				T OF WORKING LIFE)		OR INDUSTR	Y
20	USUA	Hyattsvil		ROTHER INSTITUTION (ancer D	rive DRE ADMISSIONI		Inc	omemake	I.		
0	13e. S	ATE	1136. COUNT	TY	13c CITY OR		13d INSIDE CITY LIMITS?	13e STREET				
- 17	Iv.	a.	Pr.	жео.	Hy.		YES K NO	33	304 - L	ancer	Drive	
	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	NAME	WIDDLE		LAST	
64		Thomas		H.	Johns	on	Ellen				Davis	
-	16a. V	AS DECEASED EVER		AED FORCES?		SECURITY NO.	17 INFORMANT		47 CAPORE	Cherm	Hill	Rd
1	(4)	s, no, or unknown)	(IF YES, GIVE V	WAR OR DATES)	247-0	5-1478	Robert	C Ar				
			-				Tropero		on)	COTTE	APPROXIMATE	
		18 CAUSE OF DEA PART I DEATH V	OH (Enter and WAS CAUSED	RV.				,			BETWEEN ONSET	
A.		1100/		E CAUSE (o)	yperten	sive car	diovascular	disea	se		- C	
S X		4029	7	DUE TO, O	R AS A CONSEC	DUENCE OF						
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Canditions, if		(b)								
8		cause (a) statin		< 1-1	R AS A CONSEC	DUENCE OF	The state of the s					
-		lying cause last				00						
2				(c)								
	7	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	CONTRIBUTING TO DEAT	BUT NOT RELATED T	O THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PAI	RT 1 (a).				
_	9						1.2-					
1	3	19a DATE OF OPER	ATION	196 COND	ITION FOR WHI	CH OPERATION	WAS PERFORMED?				20 AUTOPSY?	
1	E										YES CX	NO 🗌
5	MEDICAL CERTIFICATION	210. EXTERNAL CAL		21b. TIME C			OW INJURY OCCURRE	D (ENTERNAT	URE OF INJURY IN ITEM	IB PART 1 OR PART		
11	¥	UNDERLYING CONTRIBUTING	OR CALISE OF P	HOUR A.	M. MONTH DA							
ž	200	214 INTURY OCCUR	PPED		VI. ÖF INJURÝ (A	19 THOME 21f LG	DCATION					
-	ME	WHILE NOT	T WHILE		CTORY, FARM, ETC.)		STREET	c	ITY OR TOWN	COUP	YTY	STATE
		AT WORK AT V	WORK									
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į				al couses X	7) A []		
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		ACTUAL	111	han	114	. A.	TITLE (SPECIFY)	inf		DATE	7/0/0	2
- K	1	SIGNATURE	M	owa	10	w -	Deputy Ch	MEDICA	AL EXAMINER	SIGNED	7/8/8	4
0		EXAMINER'S NAME	. 70						refleren			
P	1	(TYPE OR PRINT)	T	nomas D.	Smith,	M.D.	_ADDRESS	Penn !	St.	Balto.,	, MD.	
,	23e. Bi	JRIAL, CREMATION,				E OF CEMETERY		23d. LOCA	ATION			
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		INERAL DIRECTOR		12-02	1.0	LATITEO		REC'D. BY RE		Pr. C		ICL .
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STATE OF MARYLAND

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1	n F	OR		D	EPARTMENT OF	HEALTH AND M	ENTAL HYGI	ENE 9	9	US	U
1	1 - S	EGISTRAR		MED	ICAL EXAMIN	ER'S CERTIFIC	CATE OF D	EATH DE	G, NO.		
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	(TYPE	OR PRINT)	THE STREET	V 2.00				OF ESTI-			10.1100
			TRISTI			ERRO		DEATH MATE	7-28	5-829 DAY YEAR	
	SEX	4. RA		DATE OF BIRTH	6 AGE (IN YE YEAR LAST BIRTHD		IF UNDER 24 HR	S. 24. DATE PRONOUNCED	HINDM	DAY YEAR	11:16
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ä		THPLACE CULING		CITIZEN OF WH	a 1 7 0 4	10		9. BALTIMORE C			
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14	V. CH	CR TOWN OF D	EAIH		PITAL, NURSING HOMI	E, OR OTHER INSTITU		JSUAL OCCUPATION OR MOST OF WORKING LIFE		OR INDUST	TRY
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ı	SUAL	RESIDENCE IF IN		THER INSTITUTION GIV	E RESIDENCE BEFORE ADMISSI	ON)	1			-11/d	
	3a ST.		MEDUNTY		13c. CITY OR TOWN	13d. INSIDE (STREET ADDRESS			
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14	4. FAI	HER'S NAME	N	AIDDLE	LAST	15 MOTH	ER'S MAIDEN NA	ME		LAST	
	Ph	ilip Antl	nony Fer	ro		Vic	toria Ru	oani			
16	6a. W.	AS DECEASED EVE	ER IN U.S. ARMED	D FORCES?	166 SOCIAL SECURIT		MANT	ADD	RESS		
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Н		gave rise to cause (a) stati	a immediate	(b)	10.1.00.105.015.105						
ŀ		lying couse lo		DUE TO, OR	AS A CONSEQUENCE	OF					
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	Ĕŀ	19a. DATE OF OPE	RATION	196 CONDIT	ION FOR WHICH OPER	ATION WAS PERFOR	RMED?		-	70 AUTOPSY	Y?
1	MEDICAL CERTIFICATION										
	E	TOTAL CA	LICE WAS	911 THEF = 5	D. C. C. C.					YESXX	NO 🗌
-	5	JNDERLYING		11b. TIME OF HOUR A.M.	MONTH DAY YEAR		Y OCCURRED (EN	TER NATURE OF INJURY IN IT	EM 18 PART I OR PART	2)	
1	3	CONTRIBUTING			19						
į	ă	114 INJURY OCCU	JRRED		FINJURY (AT HOME,	21f LOCATION					
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	-	AT WORK AT	WORK								
		22a I certify the	at I toak charge a	f the remains desc	ribed abave, held an	Autopsy XX	Inspection	, Inquiry .	and in my opin	n≀an	
		death resulted fro		A.A.				determined manner			
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		ACTUAL	Wo	1 dato	The Up.	U	SPECIFY)		DATE 7	1-27-82	
1		SIGNATURE	True	Marc	a c hea	M.D.ASSI	stant_m	EDICAL EXAMINER	SIGNED	27-82	
1	1	EXAMINER'S NAM	A.E.								
-		TYPE OR PRINT)	Mar	garita A	. Koroll.M	DADDRESS_	111 Per	n Street		1-1	
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						cron celle		linton Pr	Georg)
		NERAL DIRECTOR					ALIA	5 1982	La P. O	C	.1
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STATE OF MARYLAND



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June J. Sertar, N.D. (5: 100 - 100 - 101, H.F., Mash. P.O. 0.5

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	EASED NAME	FIRST		ICAL EXAMIN		LAST LAST	20 DATE KNO	OWN MONTH	DAY YEAR 26. HOUR
3. SEX	14. RAC	Barba	CA DATE OF BIRTH	D. It AGE (IN)	EARS IF UN	oster DER 1 YR. JIE UNDER	DEATH MA	ATED 7	3119 82 M
		N	an. 5,1	YEAR LAST BIRTHE	DAY) MONTH		24 HRS. 2c. DATE MIN PRONOUNCE DEAD	7	31 19 82 p: 40
FORE	THPLACE (STATE OR	7b.	CITIZEN OF WHA		8. MARRI	ED NEVER MARR	IED 9 BALTIMOR	E CITY OR COUNT	
	th Caro		USA NAME OF HOSPI	TAL, NURSING HOM	WIDOW		ED Prince	George's	S COUNTY, MD
	Cheverly		(IF NOT IN SUCH FACIL	eorge's Ge			FOR MOST OF WORKING Housewif	G LIFE1	OR INDUSTRY
13e. ST/		URSING HOME OR OTH 131 COUNTY Capito	1-6-1	RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN	SION)	13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 723 Capt	iol Hgt	s.,Blvd.
14 FAT	HER'S NAME Marion	MI	Da	wkins		15. MOTHER'S MAID FIRST	EN NAME MIDDLE		ith
{YES	AS DECEASED EVER , NO, OR UNKNOWN) 10	(# YES, GIVE WAR		251 50 S	14 NO. 9168	Michael Hgts. Bl	Ma.Fester	ol Hgts	3 Capitol
	PART I DEATH V H 3 OC Conditions, if gove rise to couse (o) stating lying couse lost	IMMEDIATE C any, which immediate g the under-	AUSE (a) SU DUE TO, OR AS		OF	ntracerebr	al Hemorrha	ge	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			(c)						
						OR CONDITION GIVEN IN PA	IRT 1 (a)		
	PART 2 OTHER SIGNIFICAN			NOT RELATED TO THE TER			IRT 1 (g)		20 AUTOPSY?
DICAL CERTIFICATION	196 DATE OF OPER. 216 EXTERNAL CAU JNDERLYING CONTRIBUTING	ATION JSE WAS OR CAUSE OF DEA	19b CONDITION 21b. TIME OF INHOUR A.M.	ON FOR WHICH OPE	RATION W	AS PERFORMED?	ED (ENTER NATURE OF INJURY		YES 🔯 NO 🗆
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N		1.	FOR		ATE OF MARYLAND F HEALTH AND MENTAL HYGI	NR 2	9033
and		11	STATE REGISTRAR		IFICATE OF DEATH	REG. NO.	
			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	d dead		CHARLES	CLANTON	FOSTER	67	14 82 0404
	1 math	3 SE	MALE A.RAI	BI DAY S. DAT	E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
-	AMIN	7a. B	IRTHPLACE (STATE OR FOREIGN 7b. CI	TIZEN OF WHAT COUNTRY? 8	2 16 32	9 BALTIMORE CITY OR COUNT	TY OF DEATH
	一世 1	150	WITH CAROLINA		NEVER MARRIED	PRINCE GEORG	
	1 11 19	10 0	ITY OR TOWN OF DEATH	AME OF HOSPITAL, NURSING HOM	E OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
201	the things	U ensu	LAUREL GR AL RESIDENCE (IF NURSING HOME OR OTHER	EATER LAUREL	NURSING HON	DE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4D 2	A Mark	130.	STATE 136 COUNTY	13c CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	as also
YLA	2 350 th		MARYLAND P.G. C		YES X NO 1	9113 CONTEE	ED. #//
MAR	ad and	5	FIRST (UNKNO	LAST LAST	LOUISE	WIDDLE	FOSTER
ORE.	100 P R 107		VAS DECEASED EVER IN U.S. ARMED F	ORCES? 166 SOCIAL SECURITY NO		ADDRESS	TOSTER
TIM	# 50 0 m		YES KORE		A MOZELL FOSTE	FR (WIFE) SAN	ME AS #13
BA	Anna Market		18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	couse per line for 1, (b) and (1)	MA ADDE	77	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST	1 60 3		4146 IMMEDIATE CAL	JSE (o)	The more	>/	
STO	mend re co co, c		Conditions, if any, which	UE TO, OR AS A CONTROLEN SOF	ABILE ONE	CONARY ARE	TERVINICEASE
0K	4 4 4 4		gave rise to immediate couse (a), stating the	UE TO, OR AS A CONSEQUENCE OF	7.000		1019 1013 61100
¥ 10	those of co		underlying cause last	(c)			
05. 2	Hones Transport	Z	PART 2. OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION G	IVEN IN PART Ha
RECORDS	propries	CERTIFICATION	190 DATE OF OPERATION I	Bb. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
AL R	hos hos	I H				INCERT	IFYING CAUSES OF DEATH?
VII.	AN Troop			Ib. TIME OF INJURY HOUR A.M. MONTH DAY YEA	216 HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART LOR PART 2)
Ö	Sicon Con Con Con Con Con Con Con Con Con C	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.			
DIVISION OF VIT	PHY trendi	MEC	WHILE IN NOT WHILE I	e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	2H LOCATION STREET	CITY OR TOWN	COUNTY
ā	or o or o se os se		220 L certify that (I) (this haspital) at	tended the deceased from	3/15 1982	10 4/14/82	, 19 82, tha (l) we) last
	Spitol Spitol For u		saw the deceased alive an above (I) we) (did (did nat) view	the body after death.	and that in (my) aur) apinion de	eoth accurred an the date and ho	
	OR A DIRE DIRE Dept	1 19	276. SIGNATURE		DEGREE	MEDICAL STAFF	221 DATE SIGNED
	by the Brain ERAL e deta	-	22d PHYSICAN'S NAME (TYPE OR PRINT)	my		DIRECTOR PHYSICIAN	14/19/2
	TO HOSPITAL retained by the TO FUNERAL Ishould be detent with the State [IMPORTANT: If		(TIFTEDEN)	A Campini		7 400 4 1 4	200
02	of Share			DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	TUKEL, MID.
UL	0		CREMATION J		2 HILL CREMATICY	8417AND. P.G	CO. MARGUARD
	DHMH-16 50M 1/81 (VRA 15, 4)	24 F	JNERAL DIRECTOR	ADDRESS	25a. DATE	REC'D. BY REGISTRAR THE REGIS	SIRAR MANUALORS
	(VKM 13, 4)	C	HAMBERS FUNERAL	HOME RIVEDA	F MA JUL	21 1982	9

MONS 35 H TO THE KINDS CAROLAGE BARGEA SHOULD AND DE CARRADO AND STORY THE STATE OF THE S FOR CORP. A PERHAM CONTRACTOR CONTRACTOR

	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENES 2	9034
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
eog pe	1. DECEASED NAME FIRST (TYPE OR PRINT) MARY	MIDDLE	FRISSORA	2ª DATE OF DEATH MONTH	23 82 7:21 P
He of	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
oge 4	FEMALE	CAUCASIAN	OCT 12, 1894	87 XXX YRS	
death. Po	70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) CZECHSLOVAKIA	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN PRINCE GEORGE	
by the filled with	CHEVERLY	NURS ING CARE CE	11121000111031	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY
filled in nould be	USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 CO MARYLAND PRI	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY 13t. CITY OR TOWN BELTSV		130 STREET ADDRESS GUN	POWDER ROAD 2070
ond 2 sl	14 FATHER'S NAME FIRST PETER	MIDDLE KOMA	N 15 MOTHER'S MAIDEN NA	AME	MOROZ
on and co	16a. WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (1F YES	ARMED FORCES? 166 SOCIAL SECU GIVE WAR OR DATES) 175-12-	JRITY NO. 17 INFORMANT	ADDRESS	E AS 13
The law requires that the death certification is the attending plant of the attending plant is the attending plant in the attending plant in the attending or remove any injury, at ather troumafic even	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) PNEW DUE TO, OR AS A CONSEQUE (c) HSTOR CONDITIONS CONTRIBUTING TO TIS LEFT	mon 14 AND /	ROBALLE SEPSI ONGUMMA WIT WINAL DISEASE OR CONDITION OF DEMYDRATIONS 200 ACTOPSY? 200. IFY IN CERT	X FAUSION A
Persolcian eviding physic this certificant he be confirmant of Awardal Hyg of ar hare 18 st	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED		19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18	. PART I OR PART ?) COUNTY STATE
At on attendency the heaptst or on the heaptst or on the heaptst or the heaptst of heaptst or the heaptst of heaptst or the heaptst or heaptst or heaptst or near the	22a I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	l Alley		death accurred an the date and ha	22c. DATE SIGNED
o HOSPI of FUNE should be with the Si	SAMUEL ALLE	YNE, M.D.	PRINCE GEORG		EVERLY, MARYLAND
100	23a BURIAL, CREMATION, REMOV.		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
/ BP	BURIAL 24 FUNERAL DIRECTOR FRANC	7/26/82	RESURRECTION CEMET	thy CORAUPOLIS	ALLEGHENY PA
(VRA 15, 4)		SILVER SPRING."M	D. 20901	TE REC'D BY REGISTRAR 256 REGISTAN	STRAKES OF THE STREET

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

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thour (PR.orots) PD.	That Day	anvill, 1	25\	7/17	BVALALA
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_1/	1	FOR - STATE REGISTRAR				STATE OF MARYLA T OF HEALTH AND E ERTIFICATE OF I	MENTAL HYGI		G. NO.	9 0	3 6
C. Can		CEASED NAME	FIRST	MIDDLE		LAST		20 DATE OF DEA		DAY YE	AR 2b HOUR
MA			Nelso	on	GARN	ER		July 21	1982		4:45a
	3. SE	hale		White	5.	MONTH DAY	1900	6 AGE (IN YEARS L	AST BIRTHDAY) YRS		YEAR IF UNDER 24 HA
9 4 4		RTHPLACE (STATE O		76 CITIZEN OF WHA	1	AARRIED NEVER /	MARRIED -	9 BALTIMORE C	e Georg		Н
1116	3	ITY OR TOWN OF DI	EATH	(IF NOT IN SUCH FACE	TITAL, NURSING H	OME OR OTHER INS	1	120 USUAL OCCU	JPATION	12b. KII	- 1-
anny Villed in t	JISU IIIa.		COUN	OTHER INSTITUTION GIVE R	RESIDENCE BEFORE ADM	3d. INSIDE C		13e STREET ADDR	BOYUL	ew P	HAS COTURO
MORE, MA		WAS DECEASED EVE YES, NO OR UNKNOWN)	R IN U.S. AR	Garr	SOCIAL SECURITY	NO. 17 INFORMA	ACUCANT SCI	te.	DDRESS	00	# B
ST, BALL principle to g physica one con- central	7	PART I. DEATH	WAS CAUSE	y ane cause per line f D BY: E CAUSE (a)	ar (a), (b), and (c	epsis	,, ,,			BETV	PROXIMATE INTERVAL VEEN ONSET AND DEAT
e death s otherdan nove cont othor, or traumatic	1	Canditians, if an		DUE TO, OR AS	A CONSEQUENCE	Eval	Pneu	mma			
of by the fiscine re- rul, com- or other		cause (a), state	ting the se last.	(c)	a consequenc						
require require 1. Then p or to bu	FICATION	Chronic	Kei	cal Jaily	we D	inselese	melli	us,	Cereby	al +	Alrophy
The bar	CERTIFICA	90 DATE OF OPER		V		RATION WAS PERFO	200	YES NO	IN CERT	IFYING CAL	NDINGS USE USES OF DEATH*
CCURN CONTROL OF PARTY OF PART	1 3	918. ACCIDENT WAS U OR CONTRIBUTING [CAUSE OF DEA	THE STATE OF THE S	URY MONTH DAY	YEAR	JURY OCCURR	ED (ENTER NATURE C	OF INJURY IN ITEM 18	PART I OR PAR	7 2)
A Maria	NEDIC	214 INJURY OCCU	RRED	21e PLACE OF IN	JURY	211 LOCATIO		CITY	ORTOWN	COUNT	Y STATE

STREET CITY OR TOWN AT HOME STREET ACTORY, OFFICE, FARM, ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended and that in (my) (aur) opinion death occurred on the date and have and from the causes stated abave, (1) /

m9 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 27d. PHYSICIAN'S MAINE ??e ADDRESS

231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE

DEGREE

DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detecthed for a with the State Dept. of H WADDRTANT. If them 21 is

226. SIGNATUR

250. DATE REGID. BY REGISTRAR 256 REGISTRAR STENATURE

22c. DATE SIGNED

Nn.	-						ARYLAND				and Smaller	1.09
18	1 - STATE			MEDICAL EXAMINER'S CERTIFICATE OF DEATH								
		REGISTRAR CEASED NAME	12013	WE	MIDDLE	NEK'S	ERTIFICATE	OF DEA		G. NO.		
の金属		E OR PRINT)	THEO	PORE.	M.	E	GAS	SIOR	OF ESTI DEATH MATE		22 81	26. HOUR
5.8.26.8	3. SE)	M	W	3. DATE OF BIRTH	YEAR LAST BIRTH			DER 24 HRS	2c. DATE PRONOUNCED DEAD	MONTH	22 22	20 HOUR
A SET A SET A	7a. BI	RTHPLACE (STATE	OR.	76. CITIZEN OF W		Te	ED NEVER MA	100/50	9. BALTIMORE C	ITY OR COUN	TY OF DEATH	AM
ABON / /	01	nio		U.S.	Α.	WIDOW	_	DRCED	Prince	Georg	res	MD
LI RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 UID BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS. "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE HE MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE SED AS A BURIAL -TRANSIT PERMIT. PAGE 18 AD SHOULD BE FILLED HEATH AND MENTAL HYGIEINE, DIVISION OF MITAL PECORDS, 201. AL, CREMATION, OR REMOVAL.		ry or town of i		Bowie	SPITAL, NURSING HOACLUTY, GIVE STREET ADDRESS Health Cent	ter	ER INSTITUTION	Ret	JAL OCCUPATION MOST OF WORKING LIF	Broth.	OR INDUST	RY
ANY DANY DANY DANY DANY DANY DANY BETAIN HOULD	130. S	L RESIDENCE (IF IN	113b. COUNTY	OTHER INSTITUTION, G Y GEO.	13c. CITY OR TOWN	SION)	13d INSIDE CITY LIMIT YES X NO	281°	EET ADDRESS 5 Stone	ybrool	Work CDr.	kers
MTH. IF		THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MA		MIDDLE	C	ancbet	
NOR A DE A A GE		A lexande		ED FORCES?	Gas for	ITY NO.	JOS E	phine		DRESS	anche	Z
BALTIMORE, S. AFTER DEAT GIVE PAGES ITH FORM PAGES IN PAGES IN PAGES IN IN SIGN OF WILLIAM OF THE PAGES IN SIGN OF T	No)	(IF YES, GIVE W	AR OR DATES)	273-01-4			D. G	asior S		#13	
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DIVISION OF VITAL REP R: THIS CERTIFICATE SHOULD IN VE, WRITING THE WORD "PER PRWARDED TO THE CHIEF M R. PAGE 3 SHOULD BE USED A E. STATE DEPARTMENT OF HEA D, 21201 PRIOR TO BURIAL, C	MEDICAL	21d INJURY OCC WHILE NO AT WORK A	URRED OT WHILE	21e PLACE STREET, FAC	OF INJURY (ATHOME, TORY, FARM, ETC.)		CATION		CITY OR TOWN	со	UNTY	STATE
L EXAMINER: 1 E CERTIFICATE, D'ULD BE FORW AL DIRECTOR: PH, WITH THE ST MARYLAND, 2		2/		N)	scribed above, held on	Autop		7	Inquiry	and in my ap	oini o n	
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TO MEDICAL EX EXECUTE THE CI AGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, MA	-	EXAMINER'S NA/ (TYPE OR PRINT)	SAID	A. 1	DAEF		ADDRESS 56	32 AV	nafalis	RU B	Herstung,	md.
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Suris) 7-16-32 Sacret He at Centicly Bowle, Rr. Miggles, 3c 11 Finer of Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICA REGISTRAR REG. NO I. DECEASED NAME KNOWN MONTH a DATE (TYPE OR PRINT) OF ESTI-19 82 Rita Elizabeth Gawen DEATH MATED 4. RACE 6. AGE (IN YEARS DAY 5. DATE OF BIRTH IF UNDER TYR. IF UNDER 24 HRS DATE 57 PRONOUNCED 8 24 Female 19 82 White DEAD TE BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Prince Georges DIVORCED 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Housewife (FE) OWNINHISTRY Prince George; s General Hospital GIVE PAGES 1, 2, MITTHE FORM PM 3. RETAIN PAGES 1. PAGES 1 AND 2 SHOULD BE FIDIVISION OF VITAL RECORDS, 2 Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 13d. INSIDE CITY LIMITS? 2500 Crest Avenue Cheverly YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Edwin Wallach Glorius В. Anna 7 INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS DIVISION YES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 578 24 2073 Wilbur W. Gawen Same as #13 (Husband) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH F WEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT. HEAITH AND MENTAL HYGIENE, DIL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY 30 min. IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0). CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES NO EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CT TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 210 PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Inspection Undetermined manner Natural causes ACTUAL SIGNATURE EXAMINER'S NAME arr Washington D.C. 230. BURIAL, CREMATION, REMOVAL 8/3/82 234 NAME OF CEMETERY OR CREMATORY
Mt. Olivet Cemetery STATE Burial Francis Gasch's 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUS ons Funeral Home, P.A. Hyattsville, Maryland VR A15 ME (5) 20M 4/82

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4	FOR 1 - STATE	DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	GIENE8 2	9039
· Ox	REGISTRAR	CERTIF	ICAIE OF DEATH	REG. NO.	
e de e de	1. DÉCEASED NAME (TYPE OR PRINT) CL	IDE RAYMOND	SIBSON	1/30/82 7	30 82 6 M
e 4 mo)	3. SEX Male	White 5. DATE Of MONTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
nerol n 72 m	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR CO	
s ofter de by the for notified o	Clicton Md	11. NAME OF HOSPITAL, NURSING HOME C	OR OTHER INSTITUTION	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Cement Fir	11 KIND OF BUSINESS OR INDUSTRY
ND 2120	130 STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) INTY 130 CITY OR TOWN CELLOW HAVE S DURG	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 4212 531R	
RYLA vithin vithin i 2 sh	14 FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA.	WE	Madison
5 0-/-	James 160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO.	Sarah	Frances Lamar AVESS	
IMORE oe execu		VE WAR OR DATES!		ancock, Daug	
es that the death certificate and by the attending physic please remove carbon paper unial, cremation, or removal y, or other traumatic event, the	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	Deleter NOT RELATED TO THE TERM	LINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(0)
been sign mit. Then prior to be	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
AL REC	TIFIC			YES NO	CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirenteding physicion. After this certificate has been signs the buriol-transit permit. They as the buriol-transit permit. They are more than and Mental Hygiene prior to be acked or them 18 shows any injury.	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M. 19		RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2]
NG PHYS ottendii frer this as the bu th and M	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
AL OR ATTENDI the hospitol or AL DIRECTOR: A letoched for use ore Dept. of Heal	sow the deceased alive of	not) view the body after death.	nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	death occurred on the date or MEDICAL STAFF DIRECTOR PHYSICIAN	that hour and from the causes stated 221. DATE SIGNED 7/30/62
TO HOSPITAL etained by 11 TO FUNERAL should be det with the Stote MAPORTANT.	224. PHYSICIAN'S NAME (TYPE	ORPRINT) MOSTHAN	22. ADDRESS	25 5 Ar	~ nl 2 0031
4008	230. BURIAL, CREMATION, REMOVA SPECIFY Burial	8-2-82 Ft. Li	emetery or Crematory ncoln Cem.		, P.G., Md. STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FUNERAL DIRECTOR Robt	E Wilhelmacone 4308 St	uitland 250. DAT	E REC'D. BY REGISTRAR 2550	GISTRAR'S LIGNALURE

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(M)	1 -	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH		EG. NO.	90	4 0
		CEASED NAME FIRST LAMON	MIDDLE	G-1	PAY	20. DATE OF DEA	TH MONTH	23 82 1	HOUR
poge proger	3. SE		4. RACE		OF BIRTH	6. AGE (IN YEARS)	AST BIRTHDAY)		UNDER 24 HRS
ector,		MALE	BLACK	AUC	UST 17.1920	61	YRS.	MONTHS DAYS H	OURS MIN.
nord dir		RTHPLACE (STATE OR FOREIGN COUNTRY) TENNESSEE	76 CITIZEN OF WHAT C	OUNTRY? 8. MARRII WIDOW	D NEVER MARRIED X	PRINCE C	TITY OR COUNTY	OF DEATH	S M
by the fur	10. CI	LI NTON	SOUT DE	L, NURSING HOME	RY LAND	WATTER	UPATION MOST OF WORKING LIE	12b. KIND OF B	
filled in nould be	13e. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUNTY ARYLAND P.	ITY 13c. CIT	DENCE BEFORE ADMISSION Y OR TOWN INTON	134. INSIDE CITY LIMITS? YES NO X		RESS PENNY AVI	€.	
ond 2 sh	14. FA	LUMAN	MIDDLE	GRAY	BERNICE	WIE	DDLE	ME	
n and co	(VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (15 YES GIV ES 5/15/	E WAR OR DATES)	0-16-8818	ODETTA COWAN	,NEICE,	10905 I		20735
physicio popers noval.		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIAT	D BY:	EDIN PUL	LONARY AR	REST		BETWEEN ONS	TE INTERVAL SET AND DEATH
e offending move carboi motion, or re- froumotic e-		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A C	CONSEQUENCE OF	CULAR ACCI				
d by th leose re iol, crer or other		couse (0), stating the underlying couse last.	DUE TO, OR AS A C		METASTATI				
n signe Then p to bur injury,	NO	PART 2 OTHER SIGNIFICANT (SEPSIS	ITING TO DEATH BU	NOT RELATED TO THE TERM	VINAL DISEASE OR	CONDITION GIV	EN IN PART 110	
hos beer it permit. iene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY	IN CERTIF	S, WERE FINDING YING CAUSES OF S	
og physicion og physicion riol-tronsit pentol Hygier trem 18 shov		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MC		21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18. F	PART I OR PART 2)	
ord Merical	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU	RY DRY, OFFICE, FARM ETC)	211. LOCATION STREET	Cit	Y OR TOWN	COUNTY	STATE
OR: Afron Use os Health		220.1 certify that (1) (this ha	tol) attended the decea	C	nd that in (my) (our) apinion	, to	the date and hou		ot (I) (we) fas
the hosp the hosp to DIRECT etoched for the Dept. o		THE IGNAL W	Bu	clas 1	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF	7-2:	
to FUNERAL should be deter with the State		STEVEN A.			1328 SOUTH			, WASH.	1003
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION		23¢ NAME OF	CEMETERY OR CREMATORY	23d. LOCATIO	N	Pound's	MD.
MH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR R CREMATION SEI	RVICES 3520	CONN. AVE	.N.W. DC 1250 DA	E REC'TO BY ASIS	RAR 256 REGIS	TRARESIGNATUR	Ethen

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST 70 DATE OF DEATH MONTH TYPE OR PRINT!	
	DAY YEAR 25 HOUR
Richard H. GRAY July 5, 1982	2 11:50a.
3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
Male Black Dec 28, 1908 73 YRS.	MONTHS DAYS HOURS MIN
Ja. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED 7 NEVER MARRIED 7 P. BALTIMORE CITY OR COUNT	Y OF DEATH
North Carolina United States MARRIED DIVORCED Prince George	s County, MD
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Lanham Doctors' Hospital of P.G. County (TYPE OF WORK FOR MOST OF WORKING LI	Automotive
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	110000100210
Maryland P.G. Suitland YES XX NO 4303 Skyline Dr	rive
14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
Dave FIRST MIDDLE LAST FIRST MIDDLE Gray Alice	Cherry
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Daughter ADDRESS	Md
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578 14 2917A Barbara Greer - 4303 Skyline	
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 CAUSE OF DEATH. (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	BETWEEN ONSET AND DEATH
4/20	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which gove rise to immediate (b) Kenal failure	
couse to stoting the DUFTO OR AS A CONSEQUENCE OF	ocel
underlying cause lost. (c) Atherosclerate heart disease mye	scardin / infanc
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	EN IN PART 110
napotes Mellities. GI Weeding	
Practice Mellities GI Weeding 190. Date of Operation 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 100 AUTOPSY? 206. IF YES IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (FETHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (ALTHOMAS STREET CATARY OF SAME ELC.) STREET CITY OR TOWN	FYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION	FYING CAUSES OF DEATH? S NO PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH (# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE CAT WORK NOT WHILE AT WORK 220. I certify that (I) (this haspital) attended the deceased from March 1, 19 220. I certify that (I) (this haspital) attended the deceased from March 1, 19 7. Tally 5	FYING CAUSES OF DEATH? S NO PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY OFFICE FARM, ETC.) 270. I certify that (1) (this hospital) attended the deceased from 19 may that in (my) (buy) agining death occurred on the date and how sow the deceased olive on 19 may that in (my) (buy) agining death occurred on the date and how	FYING CAUSES OF DEATH? S NO PART I ORPART 2) COUNTY STATE 19 22, that (I) (we) last
OR CONTRIBUTING CAUSE OF DEATH (# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY OFFICE FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN 22a. I certify that (1) (this hospital) attended the deceased from March. 19 12 to July 5	FYING CAUSES OF DEATH? S NO PART I ORPART 2) COUNTY STATE 19 22, that (I) (we) last
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OR CONTRIBUTING CAUSE OF DEATH (# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 220 I certify that (I) (this haspital) attended the deceased from sow the deceased alive an above, (I) (we) (did) (did not) view the body after death. 226. SIGNATUR DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR	COUNTY STATE COUNTY STATE 19 A that (I) (we) last arroad from the causes stated 22c DATE SIGNED

Avenue,

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

ALEXANDER S. POPE 2617

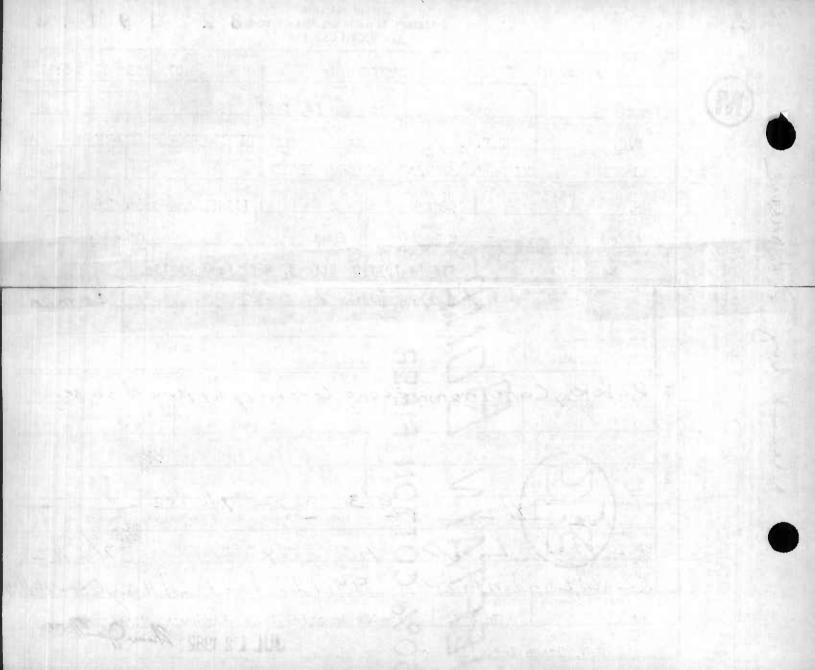
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		CEASED NAME			WIDDLE		LAST		OATE KNOWN OF ESTI-		DAY	YEAR	2b. HC
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	3. SE	la1e	White	S. DATE OF B	15 1965 6 AC	6 YRS. IF UI	NDER 1 YR. IF UNDER		DATE NOUNCED DEAD	7	24	9 82	26. HO
15	EC	RTHPLACE (ST REIGN COUNTRY)	and	U.S.	A .	8. MARR	IED NEVERMARE	RIED	rince	_		ATH	P
		TY OR TOWN	у	Prin	HOSPITAL, NURSING UCH FACILITY, GIVE STREET ALCOHOLD	s Genera		120 USUAL C	DE WORKING LIFE)		12b KIND	OF BUS NDUSTRY	
)		TATE TYPLAND		AE OR OTHER INSTITUTION OF THE CONTROL OF THE CONTR	ON, GIVE RESIDENCE BEFORE 13c CITY OR TO Forest	NWC	13d INSIDE CITY LIMITS?	130. STREET A 2105	Roche1	1e Ave	nue,	Apt	.#2
		Ther's NAME		Lewis	(Distric Gray		15 MOTHER'S MAID Janet	EN NAME	WIDDLE		Arn		
	16a_V			ARMED FORCES?	N/A		Janet A	rnold	4205001 Mitche	ellvi	ford		sta
	1		ns, it any, whi se to immedia		Blunt trau	ma to he	ead						
	Z	lying cau		(c)_	D, OR AS A CONSEOU Fall out o DEATH BUT NOT RELATED TO	f moving	g vehicle	ART 1 (a).					
	IFICATION	lying cau	SHIFICANT CONDITIO	(c)_ INS CONTRIBUTING TO	Fall out o	f moving	g vehicle E OR CONDITION GIVEN IN PA	ART 1 (a).				TOPSY?	NO
	ICAL CERTIFICATION	PART 2 D THER SIG	OPERATION L CAUSE WAS OR OR CAUSE OR	19b. CC	Fall out o DEATH BUT NOT RELATED TO DIDDITION FOR WHICH ME OF INJURY R A.M. MONTH BAY 25 7 18	THE TERMINAL DISEASE H OPERATION WE THE TERMINAL DISEASE THE TERMINAL DI	y vehicle E OR COMDITION GIVEN IN PA VAS PERFORMED? OW INJURY OCCURRI 11 out of	ED LENTER NATURE	Vehic		YE ART 2)	tr.	NO Daum
5	MEDICAL CERTIFICATION	lying cau PART 2 DTHER SIG 19a. DATE OF 21a EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY C	OPERATION L CAUSE WAS OR OCCURRED	IPB. CO	Fall out o DEATH BUT NOT RELATED TO DIDITION FOR WHICH AE OF INJURY R. A.M. MONTH, DAY	THE TERMINAL DISEASE H OPERATION W YEAR 19 02 Televione. 216. H	y vehicle E OR (DNDITION GIVEN IN P. /AS PERFORMED? OW INJURY OCCURRI LOUT OF STREET	ED LENTER NATURE	Vehic	le&Su	YE MRT 2)	tr.	NO Daum to ead
BALLIMORE, MARY AND LIKE TO BURIAL, CREMATION, OR REMOVAL		PART 2 DTHER SIGNATE OF THE STREET OF T	OPERATION L CAUSE WAS OR OF CAUSE OF C	19b. CC 21b TIA PF DEATH 10 • 21e PL STREE	Fall out o DEATH BUT NOT RELATED TO DIDDITION FOR WHICH ARE OF INJURY 2.5. 7 18 ACE OF INJURY LATE	THE TERMINAL DISEASE H OPERATION W YEAR 19 82 Te HOME. 216. LO	y vehicle E OR CONDITION GIVEN IN PA VAS PERFORMED? OW INJURY OCCURRI CATION STREEL Thriew La	Moving Ane&Bow In In Undetermin	Vehic	le&Su	YE Stari	tr.	ead
5	MEDICAL	PART 2 DTHER SIL	OPERATION L CAUSE WAS OF OR CAUSE OF COURRED NOT WHILE AT WORK That I took che of from: No	IPB. CONTRIBUTING TO 19b. CC 21b. TIA HOUR PF DEATH 10 - STREE arge of the remainstruct causes yrna Riv	Fall out o DEATH BUT NOT RELATED TO DIDDITION FOR WHICH ME OF INJURY R.A.M. MONTH BAY 2.5.A. 7 18 ACE OF INJURY ACE OF INJURY IT FACTORY, FARM, ETC.) Street accident Accident Accident Accident M.D.	THE TERMINAL DISEASE H OPERATION W YEAR 19 02 Te HOME. 216. HOME. 216. LC No	covehicle FOR CONDITION GIVEN IN P. FOR CONDITION GIVEN IN P. FOR CONTINUENT OCCURRING FOR C	Moving Moving CITY In In Undetermin MEDICAL	Vehic TORTOWN THE RE QUITY THE MAINTER EXAMINER GE'S GET	Bowicand in my on the Signi	YE STATI	tr.	eac

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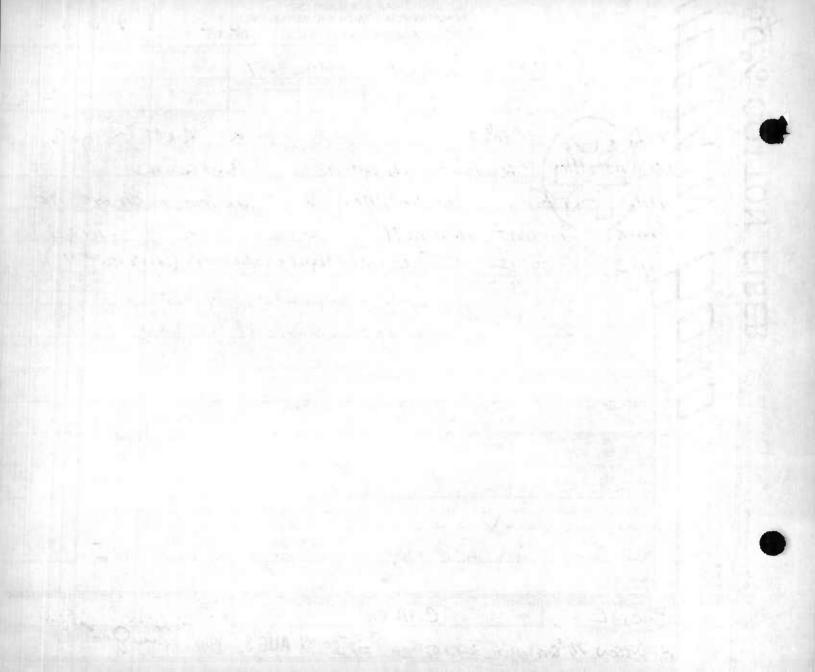
Buris] -2-32 Ft. Lincoln Jenetery Brentmon Rr. Sec. nd.
Beall Funeral Monc
15, Unit Controls Nr. Boyle, 21.

7	1	1	FOR 1 - STATE		DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH		i 9 0 4	4 3
(REGISTRAR DECEASED NAME FIRST	WIDDLE		ASI	REG. NO.	DAY YEAR 28	b HOUR
2	74 1	T	DECEASED NAME FIRST TYPE OR PRINT) SARAH		HAGOO		07		6:17 ^{am}
	1	3	SEX	4 RACE	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	I DIADER LIENE	F UNDER 24 HRS
	(IM)		Female	Nearo	Feb	ruary 14, 19	75	rrs .	
		1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	COLINITRY2 8	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
	12 5		D.C.	U.S.A.	WIDOW	DIVORCED	PRINCE GEORGES		MD.
1		1). CITY OR TOWN OF DEATH	HE NOT IN SUCH EACH	TTY CIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126. KIND OF E	BUSINESS OR
5 N		(0)	CLINTON	SOUTHERN M	ARYLAND HOS	SPITAL CENTER			
313	of the	1	SUAL RESIDENCE (IF NURSING HOME	UNTY 13c C	SIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
N O	17 3	2	Md.	C	linton	YES X NO	11305 Brandy	wine Rd.	
2	10 /		FATHER'S NAME	WIDDLE	LAST	FIRST	MIDDLE	LAST	
30	10/60	26	Alley MAS DECEASED EVER IN U.S.	ARMED FORCESS III	2 Patrick SOCIAL SECURITY NO	Emma 17 INFORMANT	ADDRESS	Unknown	
2	75 9	1	(YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	FIG 14 1A17		Hall Cama at 12		
THE A	1 12 1		No I		5/8-14-101/	to Ella b.	Holt Same as 13	APPROXIMA	ATE INTERVAL
1	Help Jily rebonder or remo	1	PART I. DEATH WAS CAUSE Z SO O IMMEDI	ATE CAUSE (0)	spirati	on of go	astric Conten	13 20	min
N PRESTO	by the atten-		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	(b)	CONSEQUENCE OF				
AL RECORDS, 20	Auc been signer of permit. Then plans a been developed to be the plans of the plans		Dia betes, (Carcino	BUTING TO DEATH BUT	ng Coron	MINAL DISEASE OR CONDITION	IF YES, WERE FINDING	S USED F DEATH?
E 4 3	hydron (2	710 ACCIDENT WAS UNDERLYING	216 TIME OF INJU	IRY AONTH DAY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
900	of policy of the	1	OR CONTRIBUTING CAUSE OF D	EATH	19				
SIO	de la constante	1	21d INJURY OCCURRED	21e PLACE OF INJ	TORY OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
No de S	1000		AT WORK NOT WHILE AT WORK			/_	1 /	PER	
0.4	O SE		22a I certify that (I) (this has	7/5		19 9	2, to 7/5/82		of (I) techlost
-	S de la	1	saw the deceosed olive above, (1) (Light of the deceosed olive above, (2) (Light of the deceosed olive above, (3) (Light of the deceosed olive above, (4) (Light of th		icum.		death occurred on the date and		
8	A O HO H		22b. SIGNATURE	1		DEGREE	MEDICAL STAFF	22c. DATESTO	SNED
TA ATA	S SEE S		22d. PHYSICIAN'S NAME (TYPE	cercha 5	1//	PHYSICIAN 1220 ADDRESS	DIRECTOR PHYSICIAN	1/6	185
H SS	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN C	1	R = 1110	ndmin	50	GUNIT	1 100 1	11 /	11-114
5	# 5423-	2	BURIAL, CREMATION, REMOVA	- Cd	23¢ NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	Muyore	22/12/1/1
1201	BP		(SPECIFY) Burial			nu Memorial I	CITY OR TOWN	COUNTY	STATE
DHA	MH - 16 50M 1/Bt	2	FUNERAL DIRECTOR	1 7 July 0	oz i nauno	250 DA	Park Landover	GISTA S LAVE	eres ?
	(VRA 15, 4)		R.G. May	son Inc. 166	51 Good Hon	e Rd. Se.	UL 1 2 1982 M	and of	
		. 900							



bite Fee, 23, 1807 lory Land rate in claimoriff . 97 / . (13 (E. 5 (Z)) G. Hall Elizabeth I. msilli בטד למוזים!! ער. 212-03-3427 Mrs. Holen L. Schnidt Tourel, Mirthaul יוני או ובים ביו וו וו - ר. ווכנ. ויחו. ויחוו. lurial 7-27-92 (corre habin ton Ct. La sville 1.0. 'arriand P. Gaschin Sons F.M. P.A. Hystisville, Md.

11	-	FOR	DEBARTACHT OF	ATE OF MARTLAND	WOLFE TO A 4	
#]-:	STATE		HEALTH AND MENTAL H		9045
The same of the sa	-	REGISTRAR EASED NAME FIRST	MEDICALEXAMII	NER 3 CERTIFICATE O	KEO: NO:	
8 8 1 8 E			nles Conspost	HAMME	20. DATE KNOWN MOF ESTI-	7 28 82 5 h
STORY STORY	3 SEX	4. RACE	5. DATE OF BIRTH AMONTH DAY YEAR LAST BIRTH	II OI IDEN		ONTH DAY YEAR 24. HOUR
- 00 = N =	. 1	MW	3 30 17 65	YRS. HOURS	MIN PRONOUNCED DEAD	7 24,82 530
ESSARY OR YOU PRESTON	7a. BII	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRI	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
NECESSA FUNERAL 5 FOR Y 5 FOR Y W PRESTO	1	nD.	434	WIDOWED DIVORC	= 1 11	SEORGES MD.
A SEE FILE	ID CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOA	AE, OR OTHER INSTITUTION	12a USUAL OCCUPATION TYPE OF V	
DELAY N PAG SE FIL	15	W CAREO I HOW	7600 Fountoin Ala	Apt 712	Chast GUARD	OK WYDOSIKY
TIMORE, MD. 21201 FTER DEATH. IF ANY DELAY IS NET FORM MA. 3. RETAIN PAGE 5. FES 1 AND 2 SHOULD BE FILED. WITHOU OF WAAL RECORDS, 401 W. P.	13a. S1	ATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS Y 13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	1 124 -717
D. 21 P. A. A. S. A. S. R. S. S. S. R. S. S. S. R. S.		MO PG.	NEW CARRO	ITEN YES NO [160 tount AIN OF	4 490 112
DEATH, IF GES 1, 2, M PM 3. AND 2 SI	1	f FIRST 2	MIDDLE LAST	IS. MOTHER'S MAIDE	NAME	T LAST
PAGE PAGE	160 W	AS DECEASED EVER IN U.S. AR	ED FORCES? 166 SOCIAL SECUR	ITY NO. 17 INFORMANT	ADDRESS	2300
ST., BALTIMORE, HOURS AFTER DEA! A 18. GIVE PAGES IG WHITH FORM PAMIT. PAGE DIVISION OF VIEW DIVISION OF VIE		SNO. OR UNKNOWN) (IF YES, GIVE	AR OR DATES)	- 11/-1	sboeough (Same	AS#11)
HOURS HOURS M 18. G WIT. P RMIT. P I.		18 CAUSE OF DEATH (Enter on	one cause per line far (o), (b), and (c).)			APPROXIMATE INTERVAL
TON ST 17EM 1. LONG PERMI GIENE,		PART I DEATH WAS CAUSED	BY: CAUSE (a)	lionespirato	y arrest	BETWEEN ONSET AND DEATH
PRESTON ITHIN 24 H CIL IN ITEM HER ALON ANSIT PER AL HYGIEN REMOVAL		1629	DUE TO, OR AS A CONSEQUENCE	OF		
PRE CELTER PRE		Conditions, if any, which gove rise to immediate	(b)Ca	rcinoma	of the lung	
201 W. PR JIED WITH IN PENCIL EXAMINES IAL - TRAN ON, OR RE		couse (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE	OF	0	
RDS, 201 I EXECUTED ING" IN PR CAL EXAN A BURIAL- H AND MEI WATION, G			(c)			
L RECORDS, 201 W. PRESTON ST., BALTIMORE, A ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH "PENDING" IN PENCIL IN 11EM 18. GIVE PAGES 1, F MEDICAL EXAMINER ALONG WITH FORM PM ED AS A BURIAL - RANSIT PERMIT. PRAGE 1 AND HEALTH AND MENTAL HYGIENE, DIVISION OF PM IL, CREMATION, OR REMOVAL.	N	PART 2 OTHER SIGNIFICANT CONDITIONS	DNTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL	MINAL DISEASE DR CONDITION GIVEN IN PAI	RT 1 (a)	
PEN HEAL	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY?
F VITAL RE TE SHOULD WORD "PE TE CHIEF N BE USED / BUT OF HE/	IFIC					YES NO
A OF VIT. CATE SHOWING THE CHOUD BE UND BE	CER	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 PART 1	
DIVISION OF S. CERTIFICATE RITING THE W ROED TO THE E.S. 3 SHOULD E.E DEPARTMEN OI PRIOR TO B		UNDERLYING OR	HOUR A.M. MONTH DAY YEA	AK		
DIVISION S CERTIFIC RITING TH RDED TO E 3 SHOU E DEPART	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	City or town	COUNTY STATE
HIS AGE	5	AT WORK AT WORK	States, Fractions, Frank, Esc.)	JACCI	CITORIOWN	COUNTY
ATE, TATE, ORW, R. P. P. P. LE ST.		22a. I certify that I taak charg	of the remains described above, held an	Autapsy , Inspection	, Inquiry , and in a	my opinion
MAN PER		death resulted from: Natur	I couses , Accident , S	vicide . Hamicide .	Undetermined manner ,	
WAR WAR			1	TITLE (SPECIEY)		DATE 7-28-82
KAN HERE		SIGNATURE AND	A-DARE M	M.D. Depuly		SIGNED L8 - C
EDIC JTE 1 A S S DE S	-	EXAMINER'S NAME		//		
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2		(TYPE OR PRINT)		ADDRESS	To the second	
	730.BI	PECHY)	DATE 23C NAME OF CI	EMETERY OR CREMATORY	THE LOCATION	COUNTY
DOW BP	24. FL	UC AL INERAL DIRECTOR		TEST DATE I	REC'D. BY REGISTRAY TO SECTION	R & SIG PO A CREET/
DHMH - 17 (VR A15 ME (5))	1	NAME WISOCAL MCK	ENIEH 22010HS+	ST PETRESSUR AUG		The Many
15M 2/80	1	100000 11 BAR	SULH AND AND ST	174	0 .00%	Mar.



	STATE OI	FMARYLAND	
1 - STATE	DEPARTMENT OF HEAL	TH AND MENTAL HYGIENE	9046
REGISTRAR	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST Zo. DATE KNOWNYY	MONTH DAY YEAR 26. HOUR
(TYPE OR PRINT)	ncis D. H	arding, Jr. OF ESTI-	7 11 200
3 SEX 4. RACE	5 DATE OF BIRTH 6. AGE (IN YEARS IF		7 11 19 82 M
	MONTH DAY YEAR LAST BIRTHDAY) MC	DNTHS DAYS HOURS MIN. PRONOUNCED DE AD	7.50
Male Cau.	July 21 1956 25 YRS.		7 11 1982 A M
FOREIGN COUNTRY	MA	RRIED NEVER MARRIED 19. BALTIMORE CITY OR	
Texas	0000	OWED DIVORCED Prince Geo	orge's County, MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR C	THER INSTITUTION 120 USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	F WORK 126 KIND OF BUSINESS OR INDUSTRY
Cheverly	Prince George's Genera	Hospital Student	N/A
USUAL RESIDENCE (IF IN NURSING HO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	
	irfax Alexandria	YES NO 1 8631 Buckboard	1 Drive 22308
14 FATHER'S NAME		15 MOTHER'S MAIDEN NAME	
FIRST	MIDDLE LAST	FIRST	LAST
Francis 160. WAS DECEASED EVER IN U.S. A	D. Harding Sr. ARMED FORCES? 166 SOCIAL SECURITY NO.	Elizabeth II INFORMANT ADDRESS	Thomas
(YES, NO, OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	Parents-Mr. & Mrs. Hardin	ng, Sr.
	/A 225-92-9835	8631 Buckboard Drive, Ale	exandria, Va.
PART I DEATH WAS CAUS	only one cause per line for (a), (b), ond (c).)	•	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IATE CAUSE (D) MUTTIPLE TITJU	ries	
9171	DUE TO, OR AS A CONSEQUENCE OF		7 137 137
INC NO STEER			
couse (o) stating the under	DUE TO, OR AS A CONSEQUENCE OF		
lying couse lost.	(c)		
PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PART 1 (a).	
No			
190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED?	20 AUTOPSY?
<u> </u>			YES XX NO []
210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c.	HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PAR	
UNDERLYING XXOR	HOUR A.M. MONTH DAY YEAR		
210 EXTERNAL CAUSE WAS UNDERLYING XXOR CONTRIBUTING CAUSE O 210, INJURY OCCURRED WHILE NOT WHILE		pedestrian struck by auto	
	STREET, FACTORY, FARM, ETC.)	STREET CITY OR TOWN	COUNTY STATE
AT WORK AT WORK	1 Ingilway 11	-95 at Woodrow Wilson Bridge	
220 I certify that I took cha	orge of the remains described obove, held on Aut	opsy 💢 . Inspection 🔲 , Inquiry 🔲 , ond :	n my opinion
depth resulted from: Not	turol couses . Accident XX, Suicide .	Homicide Undetermined monner .	
11	25.	TITLE (SPECIFY)	
ACTUAL SIGNATURE	ma L Holan	M.D. Assistant MEDICAL EXAMINER	DATE 7-12-82
			3101160
EXAMINER'S NAME VI	rginia L. Dolan, M.D.	ADDRESS III Penn Street	
230. BURIAL, CREMATION, REMOVAL		OR CREMATORY 23d LOCATION	Secretary of the second second
(SPECIFY) Cremation	July 13 82 Lee's Cr	CITY OR TOWN	Marthe D.C.
24 FLINERAL DIRECTOR		250. DATE REC'D. BY REGISTR	HE S SIGNATURE
NAME Wright 7. 7.	ADDRESS Alexandria	Va. JUL 19 1982	
Demaine Funeral	Homes, Inc., Alexandria,	va.	

P. Maria M. Carrier and All Co. (1975) as her state Court and other than the state of the state L. 14 Level Company 1861 e. a. 1841 e. a. 1841 e. a. 1842 e. a. 1861 e. a. 18

STATE OF MARYLAND

Ramer III

	I. DEC	EASED NAME	FIRST		MIDOLE			ERTIFICA	112 01	DEAT		REG. N		DAY	YEAR	2b. HOL
	(TYP	OR PRINT)	ERNES	T			TTAI	RRIS			OF DEATH	COIL.	6			10.1100
	. SEX	1	. RACE	5. DATE OF BIRT		6 AGE (IN YE	ARS IF UN	DER 1 YR. IF	UNDER 24	HRS. 20	DATE		MÖNTH	DAY	1982 YEAR	4 13
	Ma	le	Negro	SEPT 17	1930	51 Y		IS DAYS H	OURS /	AIN. PR	DEAD	ICED	6	29	19 82	10
\triangle	FO	THPLACE (STA EIGH COUNTRY) MINGHAM		76. CITIZEN OF V	WHAT COUN	ITRY?		ED NEVER			BALTIM	ORE CITY	OR COUN	ITY OF C	EATH	
		YORTOWNO	/	11 NAME OF HO	OSPITAL NUI	RSING HOMI	WIDOW E, OR OTH	FR INSTITUTIO	ON		LOCCUP	PATION (TY	PE OF WORK	12b. KII	ND OF BU	SINESS
1		oitol H						Stree	t	RETT	RED	U.S.	NAVY	OF	RINDUSTI	ΥY
	30. S		136 COUN PRINC	OR OTHER INSTITUTION, UTY CE GEORGE	GIVE RESIDENCE	OR TOWN	gts.	13d INSIDE CITY L	IMITS2 1,	7564	MPE	LWRIGI	HT SI	, G#	APT.H	GTS.
Ī		THER'S NAME		WIDDLE	MC RAI	LAST E		15. MOTHER'S		NAME	M	IDDLÉ		H.A	ŔRIS	
+	16a W	AS DECEASED	EVER IN U.S. AR	MED FORCES?		CIAL SECURIT	Y NO.	17. INFORMAI				ADDRES	S		-	
	(YE	S, NO, OR UNKNOW	(IF YES, GIVE	WAR OR DATES)	031-	-30-020	03	VIVIAN	HARR	IS (WIFE)	7564	MILL	WRIG	HT S	T, MD.
F		18 CAUSE OF	DEATH (Enter or	ily one couse per li										T AF	PROXIMATE	INTERVAL AND DEATH
1		L/ no		TE CAUSE (o) A				cardiov	ascu.	lar	lisea	se				
		Conditions	, if any, which	DUE TO, C	OR AS A CON	SEQUENCE	OF									
		gove rise	to immediate			1050115115						-		-		
15		lying cous		DUE TO, C	R AS A CON	SEQUENCE	OF									
	2	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO OFAT	TH RUT NOT RELA	ITED TO THE TERA	IINAL DISEASI	OR CONDITION GI	VEN IN PART	(a),					Ma	
	CERTIFICATION	190. DATE OF	OPERATION	196. CONI	DITION FOR	WHICH OPER	RATIONW	AS PERFORME	D?			1		20 A	UTOPSY?	
1	LIFIC			B 8 7											res 🗆	NO [X
2		210 EXTERNAL UNDERLYING CONTRIBUTION		HOUR A	OF INJURY .M. MONTH .M.	DAY YEAR	R 21c HC	OW INJURY O	CCURRED	(ENTER NA	URE OF INJ	URY IN ITEM 18	PART I OR P	ART 2)		
- 1	MEDICAL	21d. INJURY OF WHILE AT WORK	NOT WHILE [E OF INJURY ACTORY, FARM, E			TREET			CITY OR TOV	VN	C	YTHUC		STATE
				ge of the remains d	lescribed obo	ove, held on	Autop	sy . In	spection	X	Inquiry	3 ,	nd in my o	pinion		
			that I took char	ge of the remains d	lescribed obo		Autop	y , In Homicide			Inquiry		nd in my o	pinion		
		22a certify	that I took char	FV					CIFY)	Undeter	' '	nner .			9/198	32
		220 certify death resulte ACTUAL SIGNATURE EXAMINER'S N	that I took charged from: Notu	ust X			M	Homicide TITLE (SPEC	cify)	Undeter	mined mo	INER	DATE SIGN	6/2		- 31
BALLIMORE, MARYLAND, ZIZOI PRIOR IO BURIAL, C	23a. B1	220 certify death resulte ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	A that I took charged from: Notus	rol couses X,	Accident Origu	NAME OF CE	METERY O	Homicide	cify) ty	_MEDIC	ALEXAM	INER	DATE SIGN	6/2	s, Mo	- 31

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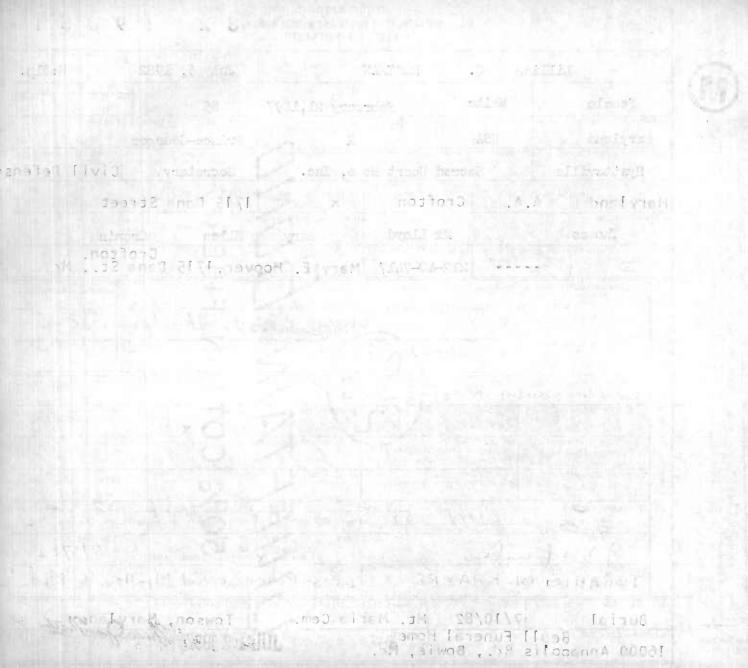
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Development of the second of t ARREST SER OF THE

	DECEAS	SED NAME	FIRST		MIDDLE			AST			20. DATE	KNOWN	MOM			26 HOUR
Ei .		Ko	na1d		James	5	Ha	rris			OF DEATH	MATED .	7	25	82	4:151
	male	Wh	ite	S. DATE OF BIRTH	34°	6. AGE (IN YEA LAST BIRTHDA 47 YR	Y) MONTHS	DER I YR.	HOURS		2c DATE PRONOUI DEAL	NCED	7	25		2d. HOUR
70	BIRTHE	PLACE (STATE OR		b. CITIZEN OF WI	AT COUN	TRY?	MARRIE	D NE	VER MARRI	ED 🗆	9 BALTIA	AORE CITY	OR CO	UNTY OF	DEATH	
		nington R TOWN OF DE	AVII	U.S.A.	DITAL NUMBER		WIDOWE		DIVORCI						unty,	MD
1	Ch	everly		Prince	e"Geoi	rge ressi	Gener			FOR A	AOST OF WO	RKING LIFE)		(CIND OF BUILD RINDUSTR	Y
130	STATE ME	ryland		Arundel		OR TOWN		YES T	NO [150	9-G	lande	ers 1	Lane		
	FATHE	R'S NAME FIRST		MIDDLE	t	AST		15 MOTHE	R'S MAIDE	N NAME	Á	AIDDLE			LAST	
K		ton Har			I.u. ac -				ce Hu	1en						
160	Yes	DECEASED EVER D. OR UNKNOWN)	(IF YES, GIVE W	ed FORCES? ar OR DATES) an Confl:		IAL SECURITY		Caro		Harr	is -				ers La land	ne
	18	CAUSE OF DEAT	VAC CALICED	one cause per line										BET	APPROXIMATE TWEEN ONSET	INTERVAL AND DEATH
	2	0199	IMMEDIATE	CAUSE (a) PS		nonas r		oence	phali	tis						
1		Conditions, if				o acci		with	subd	ural	hema	toma	(5/2	24/82	2)	
		gave rise to couse (o) stating	g the under-	DUE TO, OR							1101110		(3/1	- / -	,	
		lying couse lost		(c)										110		
		2 OTNER SIGNIFICAL	NT CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELAT	EO TO THE TERMI	NAL DISEASE	OR CONDITIO	GIVEN IN PAI	IT 1 (g)						
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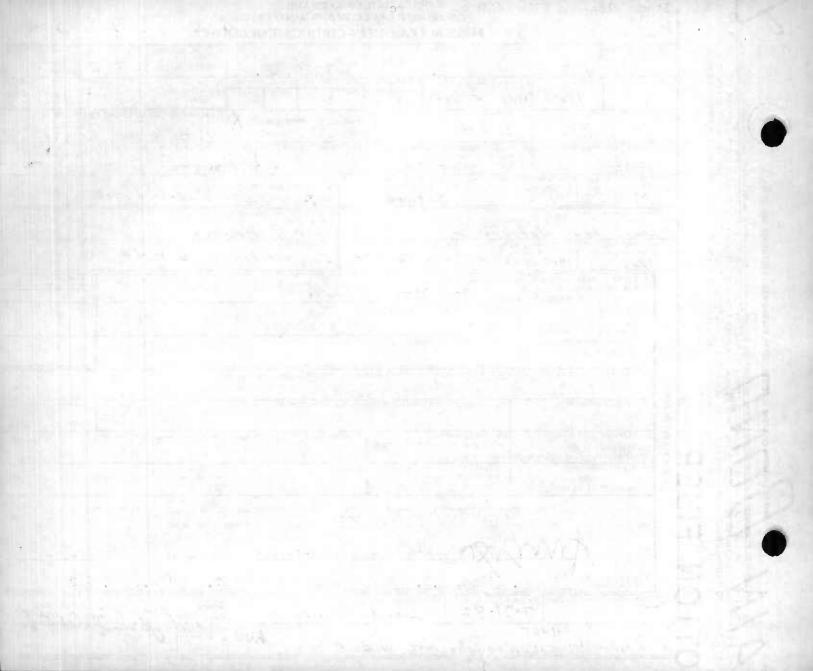
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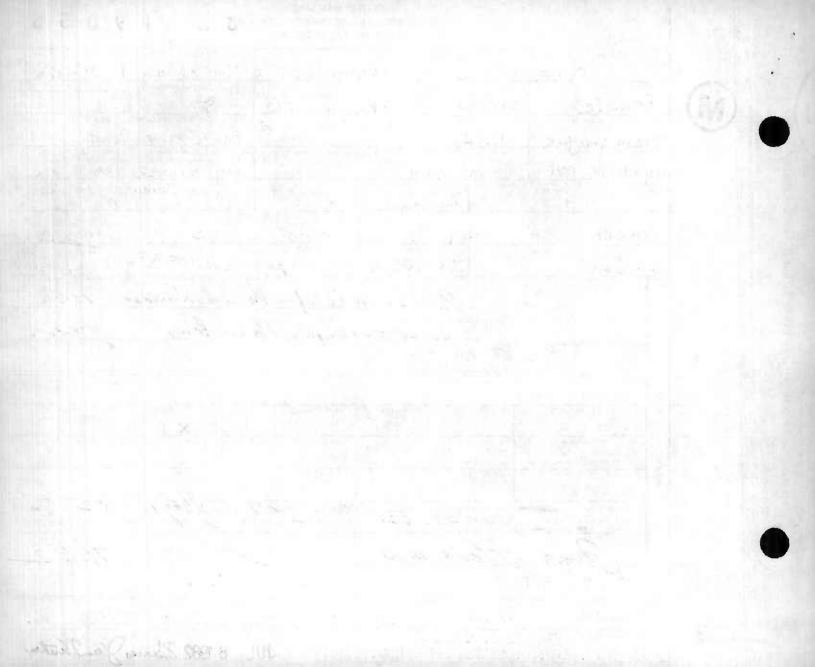
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-19 6 AGE (IN YEARS IF UNDER 1 YR 4. RACE INDER 24 HRS 2d. HOUR DATE 91 PRONOUNCED 20 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's DIVORCED WIDOWED 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS D. CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lanham Lanham Doctors' Hosp. of SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GI 13c. CITY OR TOWN 13e STREET ADDRESS 134. INSIDE CITY LIMITS? WALL AUS 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MAMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion death resulted from: Natural causes Suicide Hamicide L Undetermined monner FILLE (SPECIFY) DATE MEDICAL EXAMINER SIGNATURE. SIGNED EXAMINER'S NAME SAID DAEE, M.D. TYPE OR PRINT) ADDRESS 234 LOCATION DHWH-17 (VR A15 ME (5)) 15M 7/76

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8		JAMES		L.	HATCHE		OF EST DEATH MATE	ED XJ /	25 19 82
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7a.	BIRTHPLACE (STATE OF FOREIGN COUNTRY)), C. 7b.	4. 5 A.	IAT COUNTRY?	MARRIED NE	VER MARRIED A	Prince	George's	
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BALTIMORE, MARYLAND, 21201 PRIOR TO I	ACTUAL SIGNATURE EXAMINER'S NAM	ME Ann M	l. Dixon	. M.D.			St., Bal	DATE SIGNE	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH 26 HOUR TYPE OR PRINT) IF UNDER 24 HRS. 3 SEX 4 RACE IF LINDER I YEAR BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED | NEVER MARRIED | COUNTRY ean New York DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TYPE-OF WORK FOR MOST OF WORKING LIFE INDUSTRY Kegistered NUVSO Health caro DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 136 CITY OR TOWN 13e STREET ADDRESS 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 1)010 66 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 712.3330 unknown APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line farta), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO rebrovascular Thrombose Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK YES NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION -0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 220.1 certify that (1) (the approximately appended the deceased from . 19 82., and that in (my) (ear) opinion death occupyed an the date and hour and from the causes stated saw the deceased alive an_ 226. SIGNATUE DEGREE 22c DATE SIGNED AND MO ATTENDING & FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PH JAN'S NAME (TYPE OF RINT) JAMES FOSTER WASHINGTON. D. C. 0 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY BURIAL 7/6/82 PRI GEO CEDAR HILL CEMETERY SUITLAND BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAF FRANCIS J. COLLINS DHMH - 16 50M 1/76 (VR A 15 (4)) 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

BURTAL 7/17/82 Washington Nat 24 FUNERAL DIRECTO Morrow & Woodford Inc. DHMH - 16 50M 1/B1 (VRA 15, 4) 1622 11th. St., N.W. Wash., D. C.

- STATE

TYPE OR PRINT

1 DECEASED NAME

REGISTRAR

Suitland

P.G.

22c. DATE SIGNED

REG. NO.

2a DATE OF DEATH

26 HOUR

12h KIND OF BUSINESS OR

Wash., D.C. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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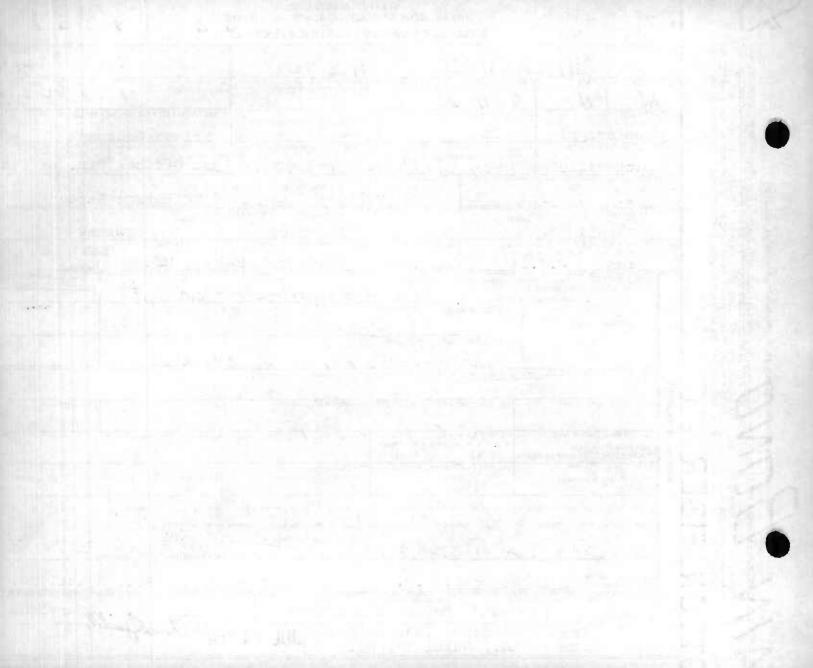
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THE PERSON OF THE PROPERTY OF

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO & DECEASED NAME KNOWN I (TYPE OR PRINT) OF ESTI-20 DEATH MATED 10 M SEX 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR DATE 20 LAST BIRTHDAY PRONOUNCED 69YRS DEAD 19 5 FOR YO WITHIN b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Mississippi USA WIDOWED DIVORCED Prince George's RETAIN PAGE 5 FOR SHOULD BE FILED, WECORDS, 201 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION LITTE OF WORK 176 KIND OF BUSINESS Post Office OR INDUSTRY Dir. of Hyattsville Fin 130 STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS PG Hvettsville YES Jefferson Street Md. 1509 VD 2 SHO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Swiney Zebulin Hodges Mary 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO **ADDRESS** DIVISION Same as LYES NO OR UNKNOWN) HE YES GIVE WAR OR DATES Margaret Hodges, Wife W.W.II Unknown Yes Above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED 8Y AND MENTAL HYGIEN ATION, OR REMOVAL IMMEDIATE CAUSE (a) DUETO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19s. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USED DEPARTMENT OF HE 11 PRIOR TO BURIAL YES 🔲 NO [71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 0 CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MELLY.
EXECUTE THE CRAIN.
PAGE 4 SHOULD BE FORWAY.
TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE
AALTIMORE, MARYLAND, 2127 228 I certify that I took charge of the remains described above, held an Inspection 3 Autopsy Inquiry and in my apinian death resulted fram-Undetermined manner Natural causes Accident Suicide Hamicide DATE MEDICAL EXAMINER EXAMINER'S NAME Annapolis Rd., Hyatt. Md. Said A. Daee, M.D. 5632 236. SURIAL, CREMATION, REMOVAL 236 DATE Suitland, P. G. Maryland Cedar Hill Crematory 7 - 9 - 82Cremation BP. Robt E Wilhelm 4308 Suitland 1901 14 1982 24 FUNERAL DIRECTOR **DHMH - 17** Rd., Suitland, Md. Funeral Home (VR A15 ME (5)) 20M 4/82

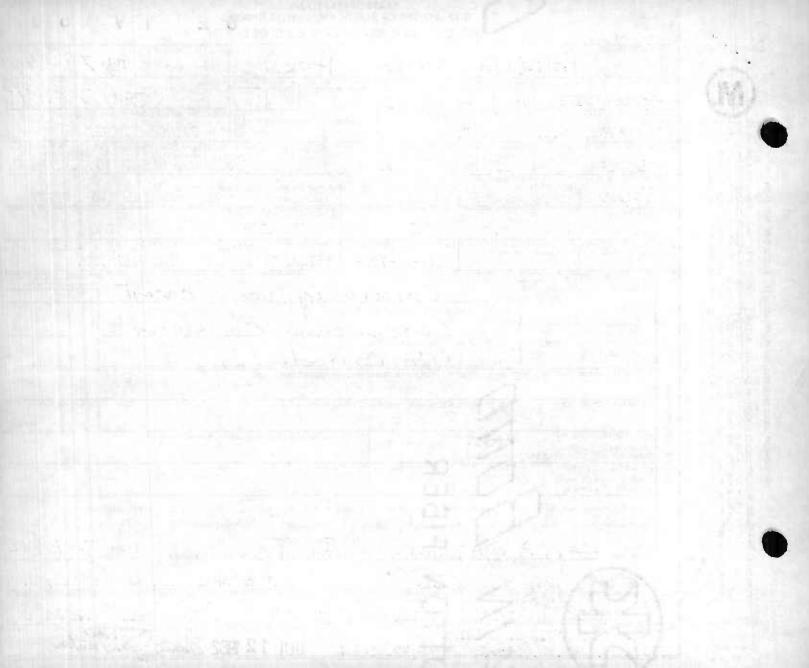


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ANY DELA AND 3TO AND 3TO AND 5TO AND 5	130. 3	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 13b. COUNTY 13c. CITY OR TOWN Maryland Pr George Dist Hgts 13d. INSIDE (ITY LIMITS? YES NO 1996 Rochelle Aven	ue
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O A P P P P		John G Hoff Margaret T Fink WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Brook	
BALTIMORE, MD. SING AFTER DEATH. II. SING PAGES 1, 2, 3. WITH FORM PM 3. F. PAGES LAND 2. DIVISION OF WITAL	160	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO. OR UNKNOWN) IF YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT ADSES Brook, TO SOCIAL SECURIT	
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STIFIC STIFIC SECTOR		death resulted from: Notural causes Acadent , Suicide , Hamicide , Undetermined manner ,	
FEAN FECERT OUID 1		ACTUAL SIGNATURE OF LOGISTON M.D. DEPUTY MEDICAL EXAMINER SIGNED 7.	-3-82
DICAL THE THE A SHO NERAL NORE, I			
DI TO MEDICAL EXAMINER: THIS CEXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARE TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE! BALTIMORE, MARYLAND, 21201	und .	EXAMINER'S NAME Migusto P. Rodri Mez MD. ADDRESS 5009 Rayburn Ct., Temple Hill:	s, Md.
	23a. E	BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Suitland Marylan	STATE
DHMH - 17	24. [FUNERAL DIRECTO DET E WILHELM FUNERAL HOME 258. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME	
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TO MEDIC EXECUTE PAGE 4 S TO FUNE BALTIMO	-	EXAMINER'S NAME (TYPE OR PRINT)	SAII	A. DAEE	, M.D.	11.00	ADDRESS 5	632 ANNA	APOLIS	RD., BLA	DENSB	URG, I	MD.
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOUD BE TO FUNERAL DIRECTA AFTER DEATH WITH BALTIMORE, MARYLA	23o.B	JRIAL, CREMATION, RI	EMOVAL 236	DATE	23c. NAME OF CI	METERY O		23d LO	CATION		OUNTY		TE.
01020		BURI	AL	7/10/82	BRICK (CHURCI	H CEMETE	RY		NSVILLE	Wi	EST V	À.
DHMH - 17	24. F	NERAL DIRECTOR F	RANCIS	J. COLL	INS		25a.	DATE REC'D. BY	REGISTRAR	256 RECHIRAR	3 3 3 7	JRE	
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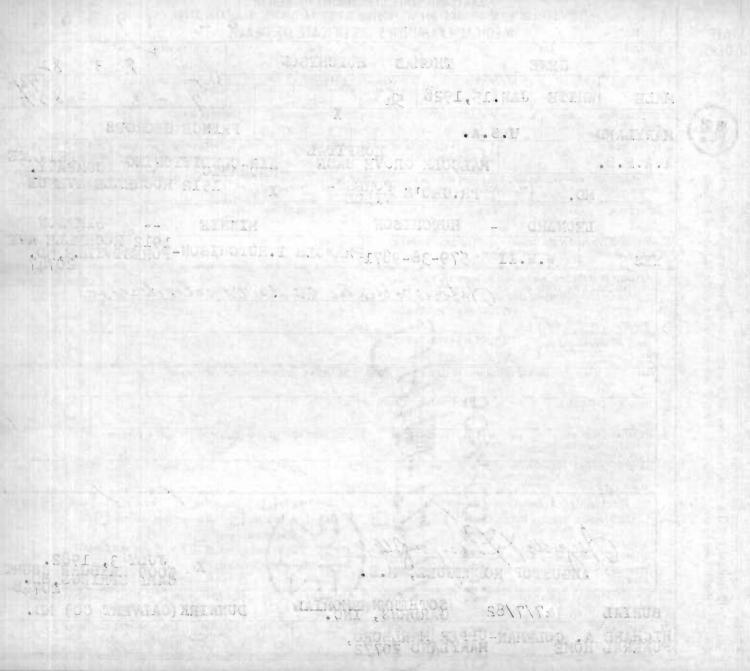
Huntt July 5, 1982 . dilli. Lev 1 1920 62 Cane. กอง เกลาะ rince .eor c Clim of bouther caralled center lettred fed. Covit. . Geo. Carp orings x 1710 Jean aris r. 10. 9. . Huntt 11 of dresou Tr. Louis V. Waufman, ML 1000 F. Mesn. C. buite 1006

G.P. Kalas 6160 Oxen Hill Rd. Oxen Hill, Md.

Burial 7/8/82 (ash St. Peth. Ch. Com. Alex.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Dev Yeor 2b. HOUR (Type or Print) ESTI-HUTCHISON THOMAS GENE DEATH MATED Poor 6. AGE (In years IF UNDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH ONOUNCED DEAD 2, and PM3. JAN.15,1928 WHITE MALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH PRINCE GEORGES WIDOWED [DIVORCED [U.S.A. 11. NAME OF HOSPITAL OR INSTITUTION (1) THE AOTOITOL 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR MAT COLM GROW A.A.F.B. 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13 odmission) STATE MD 13b. COUNTY PR GEO'S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost Middle Lost HUTCHISON SIMPSON MINNIE LEONARD 17. INFORMANT 17 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (Yes, no, or unknown) I.HUTCHISON .5 within 18. CAUSE OF DEATH (Enter only one couse per ling for (g), (b), and (c).) executed BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (OV DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). shauld the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ farwarded ta certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 20 used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy ... and in my apinian Inspection / Inquiry death resulted fram: Natural causes Accident Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER RODRIGUEZ, 5 may ro FUNE Health ADDRESS(Street, city, town, or county) BURIAL CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) 7/7/82 DUNKIRK (CALVERT CO) 2So. REC'D BY REGISTRAR VR A15ME (5)

MAKTLAND STATE DEPARTMENT OF HEALTH



1	1 - STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE PEGISTRAP MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEGISTRAP										0 6	3		
	REGISTRAR DECEASED NAMI	e FIRST		MIDDLE	EXAMINE	LAST	kson	OF DE	20. DATE I	REG. NO KNOWNXX ESTI- MATED	MONTH		DAY YEAR 26 HOU 25 19 82	
	Male Male	4 RACE Caucasian	Dec. 2	, 1900	6. AGE (IN YEARS LAST BIRTHDAY) 81. YRS.	MONTHS DA		DER 24 HRS	2c. DATE PRONOUN DEAD		7 7	25 PAY Y	82 10:	
M	BIRTHPLACE (S FOREIGN COUNTRY) aryland		T.S.A	F WHAT COUN		MARRIED [RRIED ORCED				Count		
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	FATHER'S NAME FIRST Joseph	1	MIDDLE	Jack		1	THER'S MA	IDEN NAMI	M	C.		angley		
160.	WAS DECEASES (YES, NO, OR UNKNO NO	D EVER IN U.S. ARM			03-4316		ormant da Pe	rcosk	129 C1	03 Ma inton	rcia Ma	Pl. ryland		
NOIT	PART 2 OTHER SI	stating the <u>under</u> - ise last. GNIFICANT CONDITIONS C	(c)ONTRIBUTING TO D	<u>EATH</u> BUT NOT RELA	VEQUENCE OF			1 PART 1 (a),						
CERTIFICATION	176. DATE OF				WHICH OPERA								⟨X NO □	
MEDICAL CE	UNDERLYING CONTRIBUTION	NG CAUSE OF D	HOUR	E OF INJURY A.M. MONTH P.M.	19	21c. HOW INJ		RRED (ENTER	NATURE OF INJ	URY IN ITEM 18	PART I OR P	'ART 2)		
MED	21d INJURY C	NOT WHILE C	STREET	CE OF INJURY , FACTORY, FARM, E		211. LOCATION STREET	Ν		CITY OR TOV	VN	C	OUNTY	STATE	
	220. I certi death result ACTUAL SIGNATURE	fy that I taak charge ed fram: Nature Urgune	e of the remain of couses	Accident		TIT	Inspection	Under	Inquiry Permined ma	nner,	DATE SIGN	7/3	26/82	
-	EXAMINER'S (TYPE OR PRI	VI) Vii	rginia		ın,M.D.	ADDRE				t,Bal	to.M	D 2120	1	
	BURIAL, CREMA (SPECIFY) BUTIAL FUNERAL DIRECTOR	TION, REMOVAL 23	7/28/82		edar Hi n Hill	ll Come			OCATION ORTOWN Itlan	d R REG	PaG	UNITY	state	

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	11-	STATE		DEPARTMENT OF HE			9 0 6	3
	Ŀ	REGISTRAR		DICAL EXAMINER	'S CERTIFICATE	OF DEATH REG. N	0.	
		CEASED NAME FIR:	ST .	MIDDLE	LAST	20. DATE KNOWN	July 10 G	AR 26 HOUR
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FIRE	3. SE		5. DATE OF BIRTH			ER 24 HRS. 2c. DATE MIN PRONOUNCED	MONTH DAY	AR 2d. HOUR
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500	FC	IRTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF WI	A A	ARRIED NEVER MAI	RRIED . 9 BALTIMORE CITY	OR COUNTY OF DEATH	Н
11		ILIPPINES L	/ PHI	I T DDT NICC -	DOWED DIVO		GEORGES	MD
77	10 C	ITY OR TOWN OF DEATH		PITAL, NURSING HOME, OR CILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION		PE OF WORK 12b. KIND OF OR INDI	F BUSINESS USTRY
_	LACIL	LANHAM	Do	ctors? He	THEIGH	HOUSEWIFE		
1	130. S	AL RESIDENCE (IF IN NURSING INTATE	DUNTY	136 CITY OR TOWN ROCKVILLE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	UDI LOT TENT	1105
2	-		NTGOMERY	RUCKVILLE	YES NO		NPLACE TEKK	CACE
-1	14. F	ATHER'S NAME	MIDDLE	ESPAÑOL	IS. MOTHER'S MAI		DONAY	/DT
1	1/4- 1	BRIGIDO WAS DECEASED EVER IN U.S	101150 500 0500					
7	(1)	ES, NO, OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 220-80-9425			3331 NORWOO JOSE, CALIF	
1					FRANCIS	CO JAO, JK. SAN		
	- 3	18 CAUSE OF DEATH (Enter PART I DEATH WAS CA	er only ane cause per line USED BY:	4.00	000.10	6151	BETWEEN O	MATE INTERVAL
		4329 IMME	DIATE CAUSE (a)	RESPINA AS A CONSEQUENCE OF	Dorcy AT	CRESI		
VAL.		Canditians, if any, w	hich (A		NIAL B	16601.0		
REMOVA		gave rise to immed cause (a) stating the un		AS A CONSCIOUSNICE OF				
0		lying cause last.	1 1	PPER RE	SPIRATOR	24 TRACI B	LEEDING	
Kemarico.	١.,	PART 2 DTHER SIGNIFICANT CONDIT	IDNS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL I	9 /			
	Z					7.001.1.100		
	N. T.	190. DATE OF OPERATION	196. CONDIT	TION FOR WHICH OPERATIO	N WAS PERFORMED?		20. AUTOF	SY?
1	F						YES E] NO [
	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WA		INJURY MONTH DAY YEAR	It. HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
3	CAL	UNDERLYING OR CONTRIBUTING CAUSE						
3	AEDI	216. INJURY OCCURRED WHILE NOT WHILE	470557 8165	OF INJURY (AT HOME, 21 ORY, FARM, ETC.)	F. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
2	-	AT WORK AT WORK				2 001111	000.111	JINIE
26.272		22a. I certify that I took c	harge of the remains des	cribed abaye, held an A	utapsy , Inspect	nan , Inquiry , an	d in my apinian	
5	1	A CONTRACTOR OF THE PARTY OF TH	latural causes .	Accident X Suicide	Hamicide	Undetermined manner .	7	
ARI		L.CTUM		PALL ATHO	ME TILE (SPECIFY)		7 11	Co
		SIGNATURE_SAIT	ADA	CB MI	- /	12 MEDICAL EXAMINER	DATE SIGNED	0 6
BALTIMORE, MA	13	EXAMINER'S NAME	CATO A DA	EE	/ F/	32 ANNAPOLIS ROA	D RI ADENICRI	IDG MD
_		(TYPE OR PRINT)	SAID A. DA		ADDRESS		DLAVENSDU	ANO, MD.
à	23a.B	URIAL, CREMATION, REMOV.		GATE OF LEMETE		SILVER SPRING	COMMONT	stMD.
	24 FI	BURIAL JNERAL DIRECTOR FRA	7/13/82 NCIS J. COL			E REC'D. BY REGISTRAR REGI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		00 UNIV. BLVD.	ADORESS		20901	1 16 1982 France		
	1 7	OU UNIV. DLVV.	, W. , SILVLA	STRING, MD.	20701	T 0 1905	U	

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X 10 10 1	DECEASED (TYPE OR PRIN	AT)	FLOY	Me I	AUGHLIN 6. AGE (IN)	_	ENKINS	NDER 24 HRS.	REG. 20. DATE KNOWN OF ESTI- DEATH MATED 20. DATE	MONTH	DAY YEAR	26. HOUR 3 %		
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A CANAL MAN	askti	ce (STATE C	D.C.	76. CITIZEN OF W		8. MARR	IED NEVERA	AARRIED	9. BALTIMORE CIT			MD		
N SEE SEE	Laure			Greater	SPITAL, NURSING HOA	tsvil	le Hospi	tal Spe	ecialist	TYPE OF WORK	Instui	LIST		
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104	LUBURA			D.MIDDLE	Mc aughlin 15			15. MOTHER'S MAIDEN NAME F1 OF MIDDLE						
1 160	WAS DE	CEASED EV	ER IN U.S. AR/ (IF YES, GIVE	MED FORCES? WAR OR DATES)	166. SOCIAL SECUR 578-22-3		17. INFORMANT Alicia		355 pshire Nor	th Bea				
ANDER ALOR MINER ALOR TRANSIT PER ENTAL HYGIE OR REMOVA			a immediate	(b)	1 4									
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REMATION,	PART 2	OTHER SIGNIFIC	ANT CONDITIONS	(c)CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	RATION W	/AS PERFORMED?	?			20 AUTOPSY YES [r? NO []		
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THOR; STATE DEPARTMENT OF HEALTH AND MY (LAND, 21201 PRIOR TO BURIAL, CREMATION, (LAND, 21201 PRIOR TO BURIAL, CREMATION, ARRIVAL CERTIFICATION	PART 2 19a. D. 21a. EX UNDE CONT 21d IN WHILE AT W. ACTU. SIGNA	ATE OF OPE TERNAL CA RLYING RIBUTING DIJURY OCCU ORK AT LI Certify the heresulted from the control of the con	ANT CONDITIONS ANT CONDITIONS AUSE WAS OR CAUSE OF I JRRED OT WHILE WORK at I took charg am: Natur	(c) CONTRIBUTING TO DEATH 19b. COND 21b. TIME C HOUR A.A. 21e. PLACE STREET, FAC	BUT NOT RELATED TO THE TER TITION FOR WHICH OPE FINJURY A. 19 OF INJURY (AT HOME. TORY, FARM, ETC.) scribed above, held an Accident , S	RATION W	OW INJURY OCC CATION STREET Josy Insp. Homicide TITLE (L-PET)	URRED (ENTER	Inquiry , ermined manner CHCAL EXAMINER	and in my a , DATE SIGN	YES DUNTY	NO IX		
PENNERGY DRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL STEED BEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MILITIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION,	PART 2 190. D. 210. EX UNDER UNDER CONT WHILE ACTU SIGN EXAMM (TYPE 6	ATE OF OPE (TERNAL CARLYING RIBUTING CORK AT). I certify the carly the ca	ANT CONDITIONS ANT CONDITIONS AUSE WAS OR CAUSE OF I JRRED OT WHILE WORK at I took charg am: Natur	CONTRIBUTING TO DEATH 19b. COND 21b TIME O HOUR A.A DEATH 21e PLACE STREET, FAC	BUT NOT RELATED TO THE TER TITION FOR WHICH OPE FINJURY A. 19 OF INJURY (AT HOME. TORY, FARM, ETC.) scribed above, held an Accident , S	RATION WAR 21c. H	OW INJURY OCC CATION STREET Homicide TITLE (FPE) ADDRESS 56	URRED (ENTER Dection	Inquiry	and in my a , DATE SIGN	YES DUNTY	NO IX		

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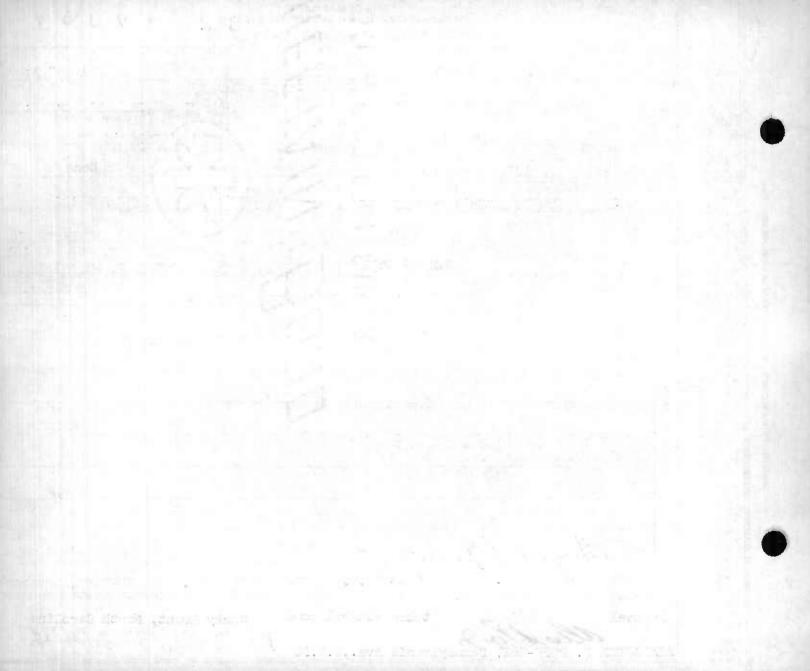
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		REGISTRAR		MI		AMINER'	S CERTIFICAT	E OF DEA	KE	G. NO.		
70		CEASED NAME	FIRST		WIDDLE		LAST		20. DATE KNOW OF ESTI-	N K MON	TH DAY	YEAR 26. HOUR
			WILL	A BI	ATRICE		JOHNSON		DEATH MATE		JLY31 19	82 3:30 ^P _M
	3. SEX	4.	RACE	5. DATE OF BIRTH			UNDER 1 YR. IF UN		21. DATE PRONOUNCED	MONT	H DAY	YEAR 20 HOUR
		MALE	BLACK	MARCH 23	1928	54 YRS.	, indicate the second	Acit	DOFF	JULY		82 3:30
^	7a. 81	RTHPLACE (STATE	EOR	76. CITIZEN OF W	HAT COUNTR'	Y? 8. M	ARRIED A NEVER M	ARRIED [7. BALTIMORE C	TY OR COU	JNTY OF DEA	TH
U		RTH CARC		UNITED	STATES	Wit	OWED DIV	ORCED	PRINCE G	EORGE '	S COUN	TY MD.
g	10. CI	TY OR TOWN O	DEATH		SPITAL, NURSI		OTHER INSTITUTION	12a. USU	AL OCCUPATION	TYPE OF WOR	RK 12b KIND	OF BUSINESS DUSTRY
0		DREWS AF					CAL CENTER		USEWIFE		None	
1	USUA 13a. S	L RESIDENCE (F	13b COUN	OR OTHER INSTITUTION, O	13c. CITY OF	ORE ADMISSION)	13d. INSIDE CITY LIMIT	TS2 13a STRE	EET ADDRESS			
Q	MA	RYLAND	The second second	E GEORGE		STVILLE	YES X NO		WALTERS	LANE	APT 10)1
_	14. F/	THER'S NAME		MIDDLE	LAS		IS MOTHER'S M	AIDEN NAME	MIDDLE		LAST	
0	T	YLER		A	BRA		SARAH		J		WALE	
I	16a. V	VAS DECEASED I	VER IN U.S. AR	MED FORCES? WAR OR DATES	16b. SOCIA	SECURITY NO	17. INFORMANT		3207 ^{AD}	ALTER		APT 101
		NO	1, 105, 011	Wall Green	201 2	22 9631	WILLIAM	JOHNSO	N FOREST			
		18. CAUSE OF	DEATH (Enter an	lly ane cause per lin	e far (a), (b), a	nd (c).)					APPRO	DXIMATE INTERVAL N ONSET AND DEATH
		PARTIDEA	TH WAS CAUSE	D BY: TE CAUSE (a) H	YPERTEN	SIVE CA	RDIOVASCUL	AR DI	SEASE		SETWEEN	ON SET AND DEATH
		700	29		R AS A CONSE							C 5, 3211
ZE E	_		if any, which	(b)								
		cause (a) st	ating the under-		AS A CONSE	QUENCE OF						
RIAL, CREMATION, OR REMOVAL.		lying cause	1051.	(c)								
		PART 2 OTNER SIGN	FICANT CONDITIONS	CONTRIBUTING TO DEAT	BUT NOT RELATED	TO THE TERMINAL D	SEASE OR CONDITION GIVEN	IN PART 1 (a).				
Ž,	CERTIFICATION											
	3	19a DATE OF O	PERATION	19b. COND	ITION FOR WH	IICH OPERATIO	WAS PERFORMED?				20. AUT	OPSY?
X	E										YES	□ NO [X]
	18	210 EXTERNAL		21b. TIME C	FINJURY M. MONTH D	AY YEAR	HOW INJURY OCCU	JRRED (ENTERN	NATURE OF INJURY IN IT	EM 18 PART 1 OF	RPART 2)	
-	SA	UNDERLYING CONTRIBUTING	CAUSE OF	DEATH P.	۸.	19						
	MEDICAL	21d, INJURY OC		21e PLACE STREET, FA	OF INJURY (AT HOME, 21	LOCATION STREET		CITY OR TOWN		COUNTY	STATE
	-		NOT WHILE C									Viett
D, 2120		22a L certify	that I taak chara	ge of the remains de	scribed abave	held an A	atapsy . Inspe	ection X.	Inquiry X	and in my	opinion	
3	1	death resulted		ral causes X,	Accident], Suicide	Hamicide [ermined manner	<u> </u>		
i i			1		0							
8		ACTUAL SIGNATURE	Hugu	5.70 4	Colin	LUCY	DEPUTY		ICAL EXAMINER	DAT	TE 8-1-	-82
			Atibion	10 D 70	27.5.	1						14-11
od	-	EXAMINER'S N. (TYPE OR PRINT	AMAUGUS I	O P. RO	DRIGUEZ	, M.	D. 5009	RAYBUR	EN CT. CA	MP SPI	RINGS,	MD20748
BALD	23a.B	URIAL, CREMATIO					Y OR CREMATORY	23d. LO	CATION OR TOWN		OUNTY	STATE
	R	emoval	- 1	8/5/82	Sto	kes Fun	eral Home	Roc	ky Mount			
	24. F	JNERAL DIRECT	Ello	f. Prances	2		25a. D.	AUG BY	REGISTRAR 256	REGISTRAR		ull
	AL		S. POPE	1-2617 Pe	nnsylva	nia Ave	,S.E.DC	AUG	0 1305 0		0	
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/	1	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HY	GIENES 2	9 0 7 0
			CEI	THICKIE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2h HOUR
五/成制 】	LIAN	E OR PRINT)	T11	. /	TI	DAY YEAR 26 HOUR
BAR 1	\vdash	Delly	10/1	SOUSKU	VUV 10	1982 / AM
40	3. SE	х /	4 RACE 5. DA	TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
A. Care		50 00010	White T	ONTH DAY YEAR		MONTHS DAYS HOURS MIN.
5		remale	white	ne 14 1898	84 YR	
2 80 0	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? B.		9. BALTIMORE CITY OR COUN	
80/	In	COUNTRY)	// C	RRIED NEVER MARRIED	10	P
- 1-1	1//	ILSSOUFI		OWED DIVORCED	Itrince Geo	orges (10. MD
3	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	12a USUAL OCCUPATION	125. KIND OF BUSINESS OR
10	11	a h a s	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	TYPE OF WORK FOR MOST OF WORKING	GLIFE) INDUSTRY
2 0	100	innam	Magnolia Gard	ens Nuusing Ho	Me House Wife	Home
シップ	130	STATE 136 COUN	OTHER INSTRUCTION, GIVE RESIDENCE BEFORE ADMISS			
しかり	m	1 1D	1 11 11 11	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	, , , , ,
-	1 7	lary land Irrineo	beorges thattsville	YES NO	2300 Ca	luert St.
uil.	14. F	ATHER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	
12011	T			FIRST	WIDDLE	LAST
O S		ulius	Goldstein	Naomi		Unknown
medico	100.	VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (18 YES, GIVE	MED FORCES? 166. SOCIAL SECURITY N	O. 17. INFORMANT	2300 DDBESS 1 **	ert Street
	1	_No N/A		71 /	2300 Calv	err prieer
the	-		NONE	i Julian Jo	lkovsky Hyat	tsville Md.
ent, t		18 CAUSE OF DEATH (Enter onl	y one cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
×e ×		PART I. DEATH WAS CAUSED	CAUSE (a) Cardiac	Arrest		1
0 0		41110 IMMEDIATE	CAUSE (d) CAI GIAL	HITESI		2mins
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ation, troum		Canditions, if any, which	1 bilarteriosci	existic Hea	ut Discuse	Mears
mo r tr	10	gave rise to immediate)			
l, cre		underlying cause last	DUE TO, OR AS A CONSEQUENCE C)F		V
0			((c)			
,		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION O	IVEN IN PART 1/0
nlory	S					THE THE THE THE
O O	Ē	196. DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	710		
0	ū	THE DATE OF GLERATION	170 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY? 20b. IF)	ES, WERE FINDINGS USED
M O	CERTIFICATION					TIFYING CAUSES OF DEATH? YES NO NO
oks 8	1 1	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW IN ILLRY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM I	
n 18 shows		OR CONTRIBUTING CAUSE OF DEAT		AR AR	LEWISK MATCHE OF INJURY IN ITEM I	S PARE I ON PART 2)
ten	S	(IF EITHER NOTIFY MEDICAL EXAMINER)		19		
0	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		
B	X	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC	STREET	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK				
is mork		22s. I certify that (I) (this haspite	attended the deceased from MA	10 X	L 10 July 19	10 82 11-11-1
-		saw the deceased alive on	JUIU 17 10 X2		deoth occurred on the date and h	, 19, that (I) (we) lost
E 5		abave (1) (we) (did) (did not)	view the body ofter death.	, and that in (my) (dur) opinion	decili occurred on the date and h	our and fram the couses stated
ē		72k SIGNATURE		DEGREE	/	22c DATE SIGNED
<u>*</u>			1110	ATTENDING	MEDICAL STAFF	15/ 10 1000
ž-	1	1119	and a		DIRECTOR PHYSICIAN	Duly 19, 1980
2 1		THE PERSON NAME IN	minit.	27e ADDRESS	*	
0		100 1000	loute L.	3408 KH	lode Island	Ave. Mt. Rainier
1 3	22. 0	TIONAL COSTANTION OF	LEUISAY			7.71. Nath 161
	230 B	URIAL, CREMATION, REMOVAL	236. DATE 23c NAME C	F CEMETERY OR CREMATORY	23d. LOCATION	- men
	Bi	urial	7-21-82 M+	Lebanon	CHY OR TOWN	EQUATY STATE
1 (0)	24 FL	INERAL DIRECTOR 11	000/1-	LEUGHOH 250 DAY	Adelphi	P.G. Md.
\ 1/B}		NAME Stown	Quelaler . O. Box	7428	E REC'D. BY REGISTRAR 256 REGI	STRATS SIGNATURE
	Waı	mer E. Pumph	rey Inc. Slv. Sr	r Ma Jl	JL 21 1982 P.	V. on
					- WILLIAM	to Start that the town

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FOR STATE			DEPARTMENT OF	ATE OF MARY		SIENE A	1 0 5	7 1
REGISTRA	R	N	EDICAL EXAMI			DEQTILE.	G. NO.	
DECEASED N. (TYPE OR PRINT)		ivs	MIDDLE	Jone		20. DATE KNOW OF ESTI- DEATH MATE	/N MONTH DA	9 19 82 428 M
SEX	4 RACE	5 DATE OF BIR	TH 6. AGE (IN	YEARS IF UNDER 1	YR. IF UNDER 24	HRS. 2c. DATE	MONTH DA	Y YEAR 28. HOUR
Female	White	Feb. 2	7,1914 68	YRS.	YS HOURS A	DEAD	71	7 19 5 5 M
BIRTHPLACE FOREIGN COUNT	FRY)	100000000000000000000000000000000000000	WHAT COUNTRY?		NEVER MARRIED		ITY OR COUNTY O	
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aryland	13b. CO	• G•	Hyattsvi			4306 Emers	on Street	D5
4. FATHER'S NA	AME	WIDDLE	LAST	15. M	OTHER'S MAIDEN	NAME MIDDLE		LAST
Arthur			Meeson		llian			bard
(YES, NO, OR UN	ASED EVER IN U.S.	ARMED FORCES? IVE WAR OR DATES)	16b. SOCIAL SECUR		FORMANT			amestown Rd.
No			176-20-0	086 Mr	. David	. Jones, Jr.	•Apt=3 Hy	itts. Md.
lying PART 2 OTN	e (o) stoting the und couse lost.	(6)	OR AS A CONSEQUENCE	54201	IOITION GIVEN IN PART 1	(0).		2 C 19 C
19a. DATE	OF OPERATION	19b. CON	IDITION FOR WHICH OP	ERATION WAS PEI	REFORMED?		20	D. AUTOPSY?
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Dr.	RNAL CAUSE WAS		OF INJURY	Tale HOW/IN				
	ING OR		A.M. MONTH DAY YE		JURY OCCURRED	ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2)	
UNDERLY CONTRIB	ING OR SUTING CAUSE OF RY OCCURRED NOT WHILE AT WORK	OF DEATH 21e. PLAC	A.M. MONTH DAY YE			(ENTER NATURE OF INJURY IN I CITY OR TOWN	TEM 18 PART 1 OR PART 2)	STATE
UNDERLY CONTRIB 71d. INJU WHILE AT WOR! ACTUAL SIGNATU EXAMINE TYPE OR	RY OCCURRED NOT WHILE AT WORK Certify that I took chesulted from: NOT WHILE AT WORK CERTIFY TO THE PROPERTY OF THE PROPERT	orge of the remains of tural courses	A.M. MONTH DAY YE P.M. 19 TE OF INJURY (ATHOME, FACTORY, FARM, ETC.) described above, held on Accident ,	211. LOCATION STREET Autopsy Suicide	Inspection	CITY OR TOWN Inquiry , Undetermined manner MEDICAL EXAMINER nnapolis Ro sburg, Mary	ond in my opinio ond in my opinio DATE SIGNED ad, Suite	uly 20, 198
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4		REGISTRAR	FIRST	N		EXAMIN	ER'S		CATEO	F DEAT	H R	REG. NO.		
		CEASED NAME	FIRST		WIDDLE			LAST		20.	OF ES		TH DAY	YEAR 26. HOUR
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9/被胜)	1. SE)	(4 RACE	S. DATE OF BIR		6. AGE (IN YE.			IF UNDER			MON		YEAR 24 HOUR
THUI !	Min	le:	White	July 26		80 Y		HS DAYS	HOURS	MIN. PR	DEAD DEAD		v 70.19	82 4.3° M
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- 2000000000000000000000000000000000000	ii -	REIGN COUNTRY)		U.S.	٨		WIDOV	IED NE	DIVORC					
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#####OO	7				-	STREET ADDRESS)		741	Born.	FOR MOS	T OF WORKING L	IFE)	OR IN	NDUSTRY
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19E3035	13a. S	TATE	13b. COU	NTY		ORTOWN	014)	13d. INSIDE CI	TY LIMITS?	13e STREET	ADDRESS			
		ryland	P.G	. Co.	La	urel		YES 12	NO [1580	0 She	rwood	Avenue	
D T NE	14. FA	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE	NAME	MIDDLE	4	LAS	1 .
# # # # # # # # # # # # # # # # # # #		Jaspe:	r	_	Jo	ordan		Ju	lia		-		Wilbs	nks
RS AFTER DE GIVE PAGE WITH FORM PAGES 1-X	16a. V	VAS DECEASED	EVER IN U.S. AL	RMED FORCES?	16b. SO	CIAL SECURIT	Y NO.	17. INFORM	AANT		AC	DDRESS		
ALTIA SS AFT GIVE JITH F PAGES MISIO		Yes	1921		570	-34-87	43	Stan	lev J	ordan	(Son)	Same	es # 7	3.
F., BALTIMORE MI OURS AFTER DEAT 18. GIVE PAGES S. WITH FORM II. PAGES 1.2			DEATH (Enter a	nly ane cause per						1-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Demo	APPRO	OXIMATE INTERVAL
W. PRESTON ST., D WITHIN 24 HOI ENCIL IN ITEM 18 AMINER ALONG -TRANSIT PERMIT REMOVAL.		PART I DE	ATH WAS CAUSI	ED BY:		Clar	relia	ctu	ves	T			BFTWEF	N ONSET AND DEATH
ON 124		441	20 MMEDI	ATE CAUSE (a) DUE TO,	OR AS A COI	NSEQUENCE (OF							
FEST FINAL VSIT VAII	-	Candition				nein								
WING WIN	-		e ta immediat stating the under		OP AS A COL	NSEQUENCE ()						-	
- me 2 2 4 8		lying caus		00010,	OK AS A COI	43EGOEIACE (Jr							
ω ∩_725÷		AARY S BYHER CIC	NICLEARLY CRUBITION	(c)										
DIVISION OF VITAL RECORDS, 30 S CERTIFICATE SHOULD BE EXECUT RITING THE WORD "PENDING" IN ROED TO THE CHIEF MEDICAL E. 3 SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND A PRIOR TO BURIAL, CREMATION, O	z	PART Z DIMER SIG	MIFICANT COMBITTON	CONTRIBUTING TO DE	ATH BUT NOT REL	ATED TO THE TERM	INAL DISEAS	E DR CONDITION	GIVEN IN PAI	RT 1 (a).				
L RECC	CERTIFICATION	19a. DATE OF	OPERATION	Tiek CON	IDITION FOR	WHICH OPER	ATIONIN	AC DEDECT	44ED2				Ico aux	00000
SHOULD SH	5	THE DATE OF	OI CICATION	170. CON	DITIONTOR	WINCII OF EK	AHON	AS PERI OR	MED:				20 AUT	
F VITA WORD WORD TE CHI	E	TI- EVTERNIA	L CAUSE WAS	nah Tiaar	OF INJURY		In it					317		□ NO 🔯
N OF V		UNDERLYING				DAY YEAR	21c. H	OW INJURY	OCCURRE	D LENTER NATU	JRE OF INJURY IN	ITEM 18 PART 1 OF	R PART 2)	
A HOUSE	CA	CONTRIBUTION	IG CAUSE OF		P.M.	19				1 = 14	21.75			
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD ROED TO THE CHIE F 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURRAL	MEDICAL	21d. INJURY O	CCURRED		E OF INJURY			CATION		C	TY OR TOWN		COUNTY	STATE
DIVIS DIVIS TATE, WRITING FORWARDED FORW	~	WHILE AT WORK	AT WORK											
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SHORT THE		SIGNATURE _) 	111	L IVI	1"	.D. Dej	J. C. O.	MEDICA	LEXAMINER	SIG		
ON ON O	-	EXAMINER'S	NAME Dr.	Said A.	Dage	M D	_		5632	Annono	lia Da	Court to	1	densburg
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21;	22. 51	(TYPE OR PRIN						ADDICESS_		Annapo		Suit	e 4, 1	Mary land
FWAF 4 co	238.BI	PECIFY)	ION,REMOVAL			NAME OF CEA				23d. LOCA	OWN		OUNTY	STATE
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DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	100	9	U	7	3
IDDLE	ı	AST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b H	OUR
J	KE	LLY		7	1	82	5	: 05 AN
	5 DATE C		6. AGE (IN YEARS LAST B	IRTHDAY)	IF UN	DER I YEAR		DER 24 HRS
2	Feb.		84	YRS		13 DATS	HOUR	MIN.
VHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUN	TY OF	DEATH		
	WIDOWE		PRINCE (SEOR	GE !	s cc	IIN	TY MD
OSPITAL, NURSING		PROTHER INSTITUTION	17a USUAL OCCUPA	TION	11	b KIND	OF BUS	INESS OR
RN MARY	LAND	HOSPITAL	Lawn Maint					nment
INE RESIDENCE BEFORE 130 CITY OR TOWN Lexing to	٧	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS Coronado		£ 37			
LAST		15 MOTHER'S MAIDEN NA	MIDDLE					
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166 SOCIAL SECUI	RITY NO.	17 INFORMANT	37 DD	ess orona	obs	Drive	Α	
228-12-0	145	Mary Bertha 1	Kelly, Lexi	ngton	Pa	rk. l	Mar	vland
ne for (a), (b), and	(c)				T	APPROX	IMATE IN	
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SIGNIFICANT CONDITIONS

196 CONDIT

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

DUE TO OR

DUE TO, OR

(b)___

P.M 19 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE FARM, ETC)

211 LOCATION STREET

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

STATE

and that in (my) (aur) opinian deoth occurred an the date and haur and fram the causes stated

COUNTY

obove, (I) (we) (gid) (did not) view the bady after death

22a.1 certify that (1) (this haspital) attended the deceased from

DEGREE

St. Johns Catholic

ATTENDING

DIRECTOR PHYSICIAN

CITY OR TOWN

22c DATE SIGNED

sow the deceased alive on.

NOT WHILE

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN Hollywood,

St. Mary's, Md.

Burial 24 FUNERAL DIRECTOR

FOR - STATE REGISTRAR I. DECEASED NAME

(TYPE OR PRINTS

MALE

CLINTON

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Canditians, if any, which

gave rise to immediate couse (o), stoting the

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21d INJURY OCCURRED

WHILE

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FIRST

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U.S.A.

NAME OF H IF NOT IN SUCH

SOUTHE

St. Mary's

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (0)___

18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY

76 CITIZEN OF V

JOSEPH

Brinsfield Funeral Home, Leonardtown, Maryland

7-6-82

25a. DATE REC'D

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TREAD AND THE STEEL SEARCH CHECKE SECTIONS IS IN DISEASE. Michigan September 1988 Personal Description of the Property o And the state of t

DHMH - 16 50M 1/B1 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH 7h HOUR 82 10:50P 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAYS Sept. 17, 1902 79 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [PRINCE"GEORGE:S NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176. KIND OF BUSINESS LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Plumber Construction SOUTHERN MARYLAND HOSPITAL CENTER 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS NO X Highway 5 Box 349 15. MOTHER'S MAIDEN NAME Knight Effie Marv 17 INFORMANT 216-10-5347 Elsie Kelly same aa 13 ATH BUT NOT RA ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p. 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211. LOCATION CITY OF TOWN COUNTY STATE and that in (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 10905 FT. WASH. RD., FT. WASH., MD. 20744 231. NAME OF CEMETERY OR CREMATORY 7-6-82 Trinity Mem.Gardens Waldorf, Charles, Md. 250 HE RES D. BYPESOS FRAR 24 REGISTRAR'S SIGN ANDE CL 24 FUNERAL DIRECTOR Hunt't Funeral Home, Waldorf, Maryland

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIM	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND \$12019 0 7 5 CERTIFICATE OF DEATH				
4	July Month 19 19 20 1:59a M				
3. SEX 4. RACE S. DATE OF BIRTH	6. AGE (In years 1F UNDER YEAR 1F UNDER 24 HRS. In under 24 HR				
MAKE WHITE FEBRUARY 17,	1915 67 YRS.				
76. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. Country)	COUNTY OF DEATH				
MARYLAND USA WIDOWED DIVORCED 1	Prince George's Md.				
10. CITY OR TOWN OF DEATH Riverdale In Name of Hospital or Institution (If not in hospital during most Leland Memorial Hospital TAXT)	Riverdale Leland Memorial Hospital TAXT DRIVER TAXT				
Riverdale Riverdale Give street address Leland Memorial Hospital TAXT	The state of the s				
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First	Middle Lost				
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First HERMAN W. KENNEY EDNA 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	M. THOMPSON				
16d. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT	Address				
YES WWII 578-07-8385 GLADYS E. KENNEY	(WIFE) SAME AS # 13.				
S. DATE OF BIRTH S. DATE OF	new rysn Between ONSET AND DEATH				
lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO	DITION GIVEN IN PART 1(a)				
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21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19 21d. INILIPY OCCURRED (Enter na HOUR A.M. Manth Day Year 19 21d. INILIPY OCCURRED (Enter na	ture of injury in Part 1 ar Part 2, Item 18.)				
21d. INJURY OCCURRED While of work 21d. No work 21d. No work 21d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town County State				
22a. I certify that (I) (this hospital) attended the deceosed fram MNY , 1920 saw the deceosed alive on					
causes stated abave, (I) (we) (did) (did nat) view the body after death.	n deoth occurred on the dote ond hour and from the				
	n death occurred on the date and hour and from the				
	t Fox Lane, Bowie, Md. 20715				
22d. PHYSICIAN'S NAME (Type) George W. Ware, M. D. 14300 Gahlan 23d. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23c.	t Fox Lane, Bowie, Md. 20715 dd. LOCATION (City or Town) (County) (State) Brentwood, P.G. Co., Maryland				

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O O	Seg =	160	VAS DECEASED EVER IN I		166. SOCIAL SECURITY	/ NO	17. INFORMANT	ETTE	ADDRES		COII	
BALTIMORE, MD. 21201	DURS AFTER DEATH. IF ANY DELAYER 18. GIVE PAGES 1, 2, AND 3 TOTHE 5. WITH FORM PM. 3. RETAIN PAGE AIT. PAGES 1 AND 2 SHOULD BE FILED FOR SHOULD FOR SHOULD BE FILED FOR SHOULD FOR SH	(1		ES, GIVE WAR OR DATES)	- 212-86-0		Annaha	110 F	Corbin	o omo	as 13	
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3	N 24 HOURS AND IN IEM 18. GIT ALONG WITH SIT PERMIT. PAHYGIENE, DIVISAOVAL.		18 CAUSE OF DEATH (E	nter only one cause per lin	e for (a), (b), and (c).)						APPROXIMAT BETWEEN ONSE	T AND DEATH
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6	NA A A A A A A A A A A A A A A A A A A		lying couse last.									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	25 2 2 2 2			(c)								
2	BE EXECUTED IN STATE OF THE PROPERTY OF THE PR	-	PART 2 DINER SIGNIFICANT COL	NOITIONS CONTRIBUTING 10 DEAT	H RUT NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN I	N PART 1 (o).				
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¥.	子宮玉300 号	CERTIFICATION									YES 💢	NO 🗌
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	PR. TE.		22a. I certify that I too	ok charge of the remains d	escribed obove, held on	Autop	sy 💹 , Inspe	ection ,	Inquiry . o	nd in my opin	ion	Md.
	NO SEE	1	death resulted from:	Natural couses .	Accident X, Su	icide	, Homicide	Undete	rmined monner			
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	₩ # # # # # # # # # # # # # # # # # # #		ACTUAL /	MAA 20	$\sim y_{\rm c}$		D Assista			DATE	7-31-	02
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	WO DE THE	1	EXAMINER'S NAME	Ann M Div	22 M D		111	Ponn	C+ Balto	Md	21201	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIFF MEDICAL EXAMINER ALONG YET OF PUNEAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYTAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		(TYPE OR PRINT)	Ann M. Dix			ADDRESS 111		St., Balto	/• • IYIU •	21201	
	FUZFEQ	1	URIAL, CREMATION, REM	The state of the s	23c. NAME OF CEA			CITY	CATION	COUNT	s	TATE
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			STATE OF MARYLAND	A 71
1,1		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 6 1
101		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
No.		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH	DAY YEAR 25 HOUR
# 8 8 8 F	(14h	JOSE DEPRINT	12h 2 men KNOTT DEATH MATED 1	700 41111V
E C E O A	3: SE)	4. RACE	S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH	DAY YEAR 24 HOUR
(Alex)	1	MW	MONTH DAY YEAR LAST BUTHDAY MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	29 841230
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5=05	FO	REIGN COUNTRY)	MARRIED & NEVER MARRIED Prince Georgio	ge
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O H . NA.	14. F/	THER'S NAME	MIDDLE LAST FIRST MIDDLE	LAST
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	160.	VAS DECEASED EVER IN U.S. A	~ (U/U/U/I/U/C/I	rdale Rd.
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BALTIMC URS AFTEI B. GIVE P. WITH PAGES DIVISION		IB. CAUSE OF DEATH (Enter of	only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
. 0= . = .	13	PART I DEATH WAS CAUS	ED BY: Dania atom Lilia	BETWEEN ONSET AND DEATH
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		(TYPE OR PRINT)	ADDRESS	
DAY OF A		URIAL, CREMATION, REMOVAL	CITY OR TOWN	
O BP		Burial	July27,1982 Charles Memorial Gardens Leonardt	own St. Mary
DHMH - 17	24. F	UNERAL DIRECTOR	tingley Leonard town, Md. 28 1982 Thank	2
(VR A15 ME (5)) 15M 7/76	LW	. Clarke Mat	tingley Leonardtown, Md. JUL 28 1982 Manue	Of markets.

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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) WILBUR LEDRU KOONTZ 07 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 26 Male 1902 Caucasian March 80 70. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington. D. C. U.S.A. Prince Georges WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clinton Southern Maryland Hospital Center Banker - Retired Banking 13a STATE 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Pr. George Clinton 6109 Den Lee Drive NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE William Koontz Irene E. Pyles 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT 6109 Den Lee Dr. YES NO OR UNKNOWNS (IF YES GIVE WAR OR DATES) No Carolyn K. Arban 577-09-0591A Clinton, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Cenerant VAS CUIAN ACCIDENT 10 0471 IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF VERTEBURE BASILOR INSUFFICIENCE Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICAT 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOP YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this harmtol) attended the deceased from saw the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did ad 22b. SIGNATURE DEGREE - Clavry ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Charles Colao, M.D. 3710 Riviera St., Marlow Heights, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

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MPORTANT

24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL 23b, DATE

(SPECIFY Burial

Cedar Hill Cemetery 6160 Oxon Hill Rd.

23(NAME OF CEMETERY OR CREMATORY

23d. LOCATION Suitland

George P. Kalas Funeral Home Oxon Hill, Md.

7/6/82

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STATE OF MARYLAND

DEDARTMENT OF HEALTH AND MENTAL HYCITALS

- STATE REGISTRAR				ICATE OF DEATH		G. NO.	9 0	0 0
1 DECEASED NAME FIR	ST	MIDDLE	t	AST	20. DATE OF DEA	тн монтн	DAY YEAR	26 HOUR
MAR	Y AG	ENES E	KUZI	0	JULY	20	1982	7:50P
3. SEX	4 RACE	5		OF BIRTH	6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	White	A	MONTH	st 12, 1903	78	YRS	MONIHS DAYS	HOURS MIN
70. BIRTHPLACE STATE OF FOREIG	76 CITIZEN OF	WHAT COUNTRY? 8		D NEVER MARRIED	9. BALTIMORE C			
Pennsylvania	U.S.A		MARRIE!		Prince	George	e's	M
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING H	OME C		120 USUAL OCC			OF BUSINESS OR
Lanham				Pr. Geo. Co.	Housewi		G LIFE) INDUSTRY	
USUAL RESIDENCE (IF NURSING H 130 STATE 13b Maryland	OME OR OTHER INSTITUTION COUNTY	N. GIVE RESIDENCE BEFORE ADA 13c CITY OR TOWN Hyattsvil	AISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDR 7406 J		on Stree	t
14 FATHER'S NAME				15. MOTHER'S MAIDEN NA	_			
George	WIDDLE	Marco		Elizabeth	MID	DLE	Marcin	ak
160 WAS DECEASED EVER IN U NO (YES, NO OR UNKNOWN) (15	S. ARMED FORCES?	166 SOCIAL SECURITY		17 INFORMANT			7 South	
No.	FES, GIVE WAR OR DATES)	161-50-239	5	Mr. James H.	Evans S	t. Cla	ir, Penn	sylvania
	ch (b)_ ite he st. (c)	DR AS A CONSEQUENC	E OF		acció			
PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART 11	a
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d INJURY OCCURRED	. 19b. CONE	DITION FOR WHICH OPE	ERATIO	N WAS PERFORMED	200 AUTOPSY	IN CER	YES, WERE FINDION TIFYING CAUSES	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR A	OF INJURY I.M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE C	INJURY IN ITEM 1	B PART I OR PART 2)	
21d INJURY OCCURRED WHILE ONT WHILE AT WORK		OF INJURY PREET, FACTORY, OFFICE, FARM,	ETC)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
22a I certify that (I) (this saw the deceased all above, (I) (we) (did) (c	ve an 7 "	20- 10 8	2.00	d that in (my) (our) apinion of	death accurred an	the date and h	19 2 2	that (1) (we) las
226. SIGNATURE	Mana	2	M	ATTENDING PHYSICIAN	MEDICAL PI	STAFF HYSICIAN [22c. DATE	SIGNED
22d PHYSICIAN'S NAME MIISHTAO A	(TYPE OR PRINT)			4637 Fastern	Avenue		,,,,,	

23c NAME OF CEMETERY OR CREMATORY

July 24,1982 Immaculate Conception

DHMH - 16 50M 1/BI (VRA 15, 4)

Burial
24 FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsville, Md.

23b. DATE

23a BURIAL, CREMATION, REMOVAL

23d. LOCATION
CITY OF TOWN
Cem. St. Clair Schuyhill

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7406 , relierson Street	y	offivaties.	v 2 · 4	buckton.
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Parial July 24,1082 Immaculate Conception Cem. St. Clair Schurhill
Fasch's Sons P.F. P.A. Hyntisville, Nd.

STATE OF MARYLAND

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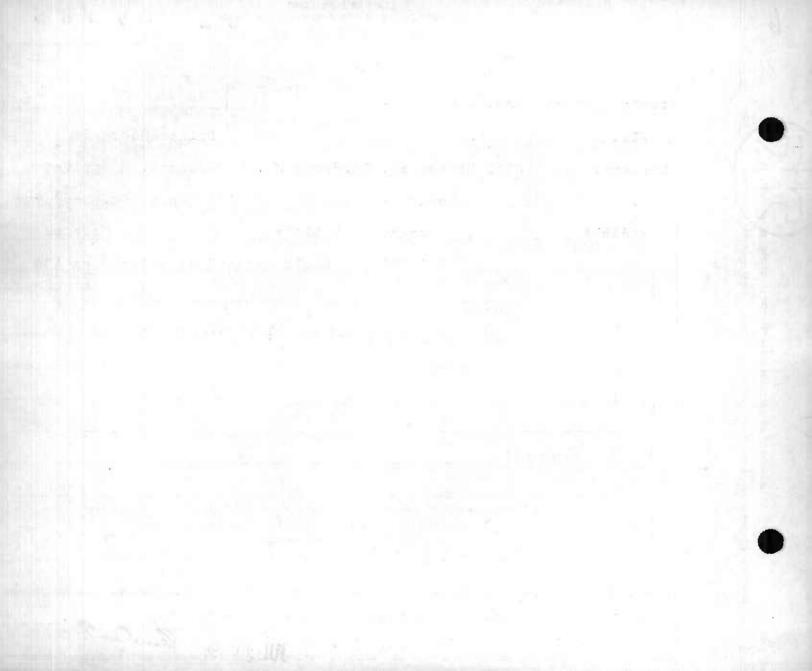
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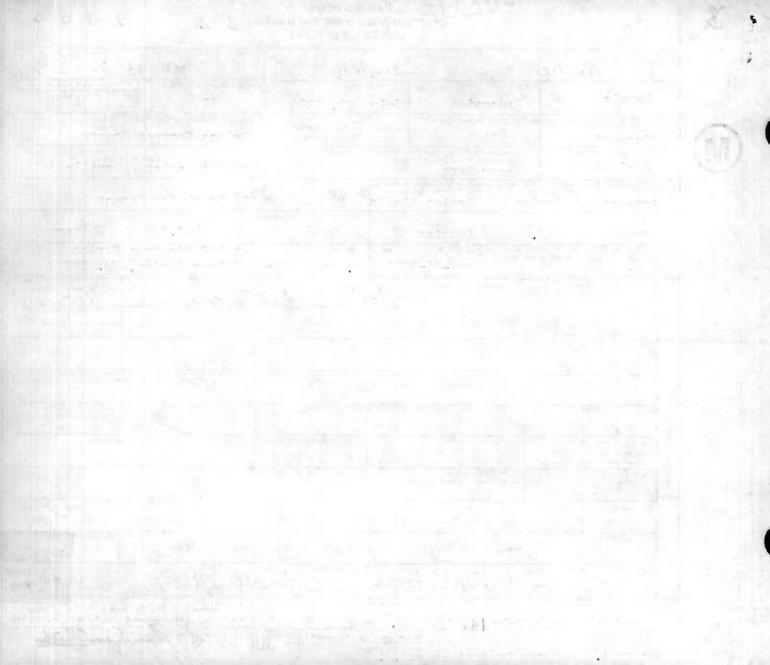
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S. Gashis Sond M. D. A. Brattavi e, Maryland

Said /. Tack, ...

	11-	FOR STATE REGISTRAR		EPARTMENT OF HE	ALTH AND MENTAL HYO R'S CERTIFICATE OF		9085
N GOOD	1. DE	CEASED NAME PARE E OR PRINT)	lette	WIDDLE	amp Kin	20. DATE KNOWN DE ESTI-	MONTH DAY YEAR 126 HOUR
代]]	3. SE)		S. DATE OF BIRTH	YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS M	HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 2d HOUR 7 22 22 35
ECESSAR INFERALD FOR YOU WITHIN	7a 81	Male black RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH		MARRIEDXIX NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DEATH
SE PER CONTRACTOR OF THE PER CONTRACTOR OF T	10. CI	Fla. TY OR TOWN OF DEATH		PITAL, NURSING HOME, O	ROTHER INSTITUTION 12	Prince GO FOR MOST OF WORKING LIFE)	OF WORK 126. KIND OF BUSINESS OR INDUSTRY
AY DELAY D 3 TO TH A D S TO TH	USU A 13a. S	Andover LL RESIDENCE (IF IN NURSING HOME TATE 13b. COU	OR OTHER INSTITUTION, GIV	ERESIDENCE BEFORE ADMISSION)		Nurse Asst.	private Md.
2 SHOI		Id.	PG	Landover	YES XX NO 1	8113 Manson	St. Landover
NO N	160. V	oidiah VAS DECEASED EVER IN U.S. A	RMED FORCES?	Morgan	Liola	ADDRESS	Webster
AIT. PAGE E, DIVISIO		yes 18 CAUSE OF DEATH (Enter of	/E WAR OR DATES)	261085308	Liola Mor	gan (mother)	same as 13e
USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL	NC	gove rise to immediat cause (a) stating the <u>underlying cause last.</u> PART 2 OTHER SIGNIFICANT CONDITION	DUE TO, OR (c)	AS A CONSEQUENCE OF	DISEASE OR CONDITION GIVEN IN PART I	(a).	
BE USED AS A BUNT OF HEALTH AN BURIAL, CREMATI	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERAT	ON WAS PERFORMED?		20 AUTOPSY? YES NO
RWARDED TO THE CHE CHE CHE CHE CHE CHE CHE CHE CHE C	MEDICAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH P,M.	MONTH DAY YEAR 19	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
TATE DE	WE	WHILE ONT WHILE AT WORK		ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201		270. I certify that I took cha death resulted fram: Nat ACTUAL SIGNATURE	rge at the remain desc ural causes	ribed abave, held an Accident , Suicid	Autapsy , Inspection e , Hamicide , FILE (SPECIFY) M.D. Deffine Ly	Undetermined manner , and	on my apinian DATE SIGNED
PAGE 4 SPAFER DE BALTIMO	- Comment	EXAMINER'S NAME (TYPE OR PRINT)			ADDRESS		
	(:	URIAL, CREMATION, REMOVAL				23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 17 R A 15 ME (5))		urial UNERAL DIRECTOR NAME FRAZIER'	S ADDRESS		NVE. NW 250. DATE REC	Cheltenham CD. By REGISTRAR PAREGISTRAR 1982	s slo slo
15M 2/80							





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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.			11.9
	CEASED NAME FIRST	RAH	WIDDLE		AUZIERE	20 DATE OF DEATH		DAY YEA	10	HOUR 19AM
	emale	4 RACE White		_		6 AGE (IN YEARS LAST BE	YRS		ATS HOL	NDER 24 HRS
	RTHPLACE (STATE OR FOREIGN	U.S	Carl Service	MARRIE		PRINCE GE	_			M
Ch	ITY OR TOWN OF DEATH	PRINCE	GEORGE		ERAL HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewi	OF WORKING L	12b KIN INDUST		SINESS O
130]		E OR OTHER INSTITUTION	13HSH CE BEFO		13d INSIDE CITY LIMITS? YES X NO	130. STREET ADDRESS 5805 42n	d Ave		71	
14 F	Nicholas	MIDDLE F	Brookman		Särah	MIDDLE		nderso	oĥ st	
	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SEC 212 24	URITY NO. 4377	James Lauzie	ere 6805 Spri	Clow ngfie	servg:	t.	
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CERTIFICATION	PART 2. OTHER SIGNIFICAN				NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YE	S, WERE FIN	DINGS I	
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4	WHITE NOT WHITE 220.1 certify that (I) (this has saw the decased alive abave, (I) (we) (and) (did 22b, SIGNATURE	aspital) attended the	e deceased from, 19 ofter death.	82 or	ATTENDING .	death occurred an the d	FF	ur and from	the cause	(I) (we) last stated
	224 DHYSICIAN'S NIAME 128	00.000.00			122- ADDRESS		()		, ,	-

230 BURIAL, CREMATION, REMOVAL (SPEC Burial 24 FUNERAL DIRECTOR

7/6/82

230 NAME OF CEMETERY OR CREMATORY Ft.Lincoln Cemetery

23d LOCATION
CITY OR TOWN
Brentwood E.G.

W.W. Chambers Co. Riverdale Md.

KUMAR, M.D

DHMH - 16 50M 1/B1 (VRA 15, 4)

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0	/	1	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	0 14	9089
6)			FIRST MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
6 6 6 6 5 th		(144	E OR PRINT)	Robert	Leeper, Jr.	07	22 82 10:00A
may may		3. SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
to safe			Male	Caucasia	10 28 9	_	MONTHS DAYS HOURS MIN
明月 1	ė,	-7a. 8	IRTHPLACE (STATE OF FOR		DUNTRY? &	9 BALTIMORE CITY OF COLU	NTY OF DEATH
IAI.	to Jo	P	ennsylvania	USA	MARRIED ☐ NEVER MARRIEI WIDOWED ☑ DIVORCEI		1s Country
	fied	10 C	ITY OR TOWN OF DEATH		L NURSING HOME OR OTHER INSTITUTIO	N 12a USUAL OCCUPATION	176. KIND OF BUSINESS C
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hou d in	St De	USU 13a	ALRESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION GIVE RESIDE	ORTOWN 13d INSIDE CITY LIMI	4	III HAREL
fille fulle	35	Ma			np Springs YES NO		k Arranua
virbir etely 12 sh	au l		ATHER'S NAME	MIDDIE	LAST 15 MOTHER'S MAIDE	NAME	
ed v and	1300	R	obert Leeper	Middle	Mary Dou	ghrty	LAST
od co	dical	16a. \	VAS DECEASED EVER IN	U.S. ARMED FORCES? 166 SOC	IAL SECURITY NO. 17. INFORMANT	6421 Whiteere Oak	Avenue
n ar	H Hee				+ 64 6458T Lidie Vad	en Camp Springs, M	Maryland 20748
ote t	, t		18 CAUSE OF DEATH	Enter only one cause per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy n po	ven	70	PART I. DEATH WAS	MEDIATE CAUSE ID Park	inson's Disease; Art	eriosclerotic hear	
ding	afic of		3320		Seque Bilateral ische		
deat deat	, and a		Canditians, if any, w				
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by by	ath		underlying couse	lasf (C)	destete	mellitus	
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beer mit.	à C	CERTIFICATION	19a. DATE OF OPERATIO		R WHICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
an. has has	SW0	THE				YES NOT IN CER	RTIFYING CAUSES OF DEATH?
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PHYSICIAN: ending phys this certifica e burial-tror	- i	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR	Y 211 LOCATION		
0 0 0	ked	×	WHILE AT WORK	AT HOME, STREET, FACTOR	Y. OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
Of Pto	Ë			is haspital) attended the decease	d from August 8, 10	78 _{to} July 22	, 19 <u>82</u> , that (1) (we) la
DING or offer se as th							, indi (ii (we) id
TENDING ortal or after TOR: After or use as th	21 is		saw the deceased	June 10,	19 02 , and that in (my) (aur) op	inion death occurred on the date and l	haur and from the causes stated
R ATTENDING haspital or offer RECTOR: After hed for use as the or of Health are	tem 21 is		saw the deceased of	did not were the body after sleet	19 02 , and that in (my) (aur) op	inion death occurred on the date and I	
ILLOR ATTENDING the haspital or after ILDIRECTOR: After standed for use as the	If Item 21 is		saw the deceased of	and not were the body after dea	DEGREE ATTENDS	NG MEDICAL STAFF	221 DATE SIGNED
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by the hospital or att. By the hospital or att. ERAL DIRECTOR: After edetoched for use as the	ORTANT: If hem 21 is		PHYSICIAN'S NAME	(died and) view the body after slep	M.D. ATTENDI PHYSICI 1720 ADDRESS	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN	7/22/82
TO HOSPITAL OR ATTENDING I retained by the haspital or attempt TO FUNERAL DIRECTOR. After should be detached for use as the with the State Deat of Health on with the State Deat of Health on the State Deat Deat Deat Deat Deat Deat Deat	IMPORTANT: If them 21 is	220	P. A. McCo	onnaughy, M. D.	M.D. ATTENDI PHYSICI 27e ADDRESS 5618 St.	ng MEDICAL STAFF an ☑ DIRECTOR PHYSICIAN □ Barnabas Road, Oxe	7/22/82
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by the hospital or att. By the hospital or att. ERAL DIRECTOR: After edetoched for use as the		C	276 PHYSICIAN'S NAME R. A. McCo SURIAL, CREMATION, RE/ SPECIFY) remation	onnaughy, M. D.	ATTENDED PHYSICI PHYSI	ng MEDICAL STAFF an ☑ DIRECTOR PHYSICIAN □ Barnabas Road, Oxe	7/22/82 on Hill, Md. 207

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WASHINGTON, D. C. 20019

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	1			STATE O	FMARYLAND				
	1	FOR STATE REGISTRAR	DEPA		LTH AND MENTAL HY	GIENE 8 2	1 9	0 9	-
3	1 DI	ECEASED NAME FIRST	WIDDLE	LAST	AIL OI DEATH	REG. N	O. MONIH DAY	YEAR 12h	HOUR
		Ethel		Lins.	Paul		July 23.	20	HOUR
	3 SE		4 RACE	5 DATE OF 8		6 AGE (IN YEARS LAST BIR		82 9	UNDER 24 HP
		Female	white	момтн	J 1208	84	MON		JURS MIN
2	7a. 8	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
00		irginia	U.S.A.	WIDOWED	DIVORCED [Prince G	eorge		A
9	10. 0	Lanham	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST Magnolia Gal	REET ADDRESS)		120 USUAL OCCUPATI	ON	12b. KIND OF BU	
7		AL RESIDENCE (IF NURSING HOME STATE 136. COL	OR OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)			or-car	eterra	3
		d. Pr.			LINSIDE CITY LIMITS?	3805 Cla	irton	Dr.	
hine	14 F	ATHER'S NAME	MIDDLELAST		MOTHER'S MAIDEN NA	AME			
06		Mac	Rupa	ard	Rachel	WIDDLE		Taylo	or
	160	WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)		INFORMANT	ADDRE			
E A		YES NO OR UNKNOWN) (IF YES, C	578-1	8-4037	/irginia R	Rupard Sam	e as #	13	
		18 CAUSE OF DEATH IEnter of	anly one cause per line for (a), (b) SED 8Y	, and (c)	1.01.1.	01100		APPROXIMATI BETWEEN ONSE	T AND DEAT
eve eve			ATE CAUSE (a)	0	Muery	CUA, 1			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 50M 1/81 (VRA 15, 4)

Ft. Lincoln Cemetery G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

7/10/82

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7		AL DIRECTOR	VIF	730/1982 Takoma	a Funera	1 Hon	Cemetery ne Inc DATE	REC'D. BY RE	GISTRAR	19	A Supple	-

Benonald.

577-52-6322 Douglas D. MacDonald

Male, Chite 1/26/1538

D. S. A.

Mater Reader . W.M. P. Co

Maryland Frin. Georgessynttaville - x 630 Sheridan St. Apt. 912

Micholas 6. MacDonald

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Burial

7/30/1982 St. Louis Constary Louisville, Kontucky. Takona Pomeral Home Inc. My / 12 / 254 Carrell St. M. M. m. m.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH" REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-OR YOUR FILES. VITHIN 72 HOURS PRESTON STREET, DEATH MATED 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE ST BURTHDAY) PRONOUNCED DEAD To BIRTHPLACE (STATE OR FOREIGN COUNTRY) 9. BALLIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED USA DIVORCED mec Pa. WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFET Homemaker USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) AND 2 SHOULD 3a STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Washington YES [8007 Murray Hills Drive PG Md. NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Jenkins Spangenberg Lottie Frank 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Same as Above DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 179-09-1370 Walter M. Male, Husband 18 CAUSE OF DEATH (Enter only one couse per life for (a), (b), and (c).) OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Intorio peluone anderin cular dina -IMMEDIATE CAUSE 6 DUE TO, OR AS A CONSEQUENCE OF A BURIAL - TRANSIT Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO INE ARDED TO SERVICE ATE DEPARTMENT OF I YES NO M 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF HIJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC) CITY OF TOWN COUNTY TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE I NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) 7-30-82 Deputy 1266610 EXAMINER'S NAME Augusto P. Rodrighez M.D. 5009 Rayburn Ct., Temple Hills, Md. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIEY! Brentwood, P.G., Ft. Lincoln Cem. 7-31-82 Burial BP. 24 FUNERAL DIRECTOR RObt 4308 Suitland 250. DATE REC'D. BY REGISTRAR TO REGISTROR'S SIGNAL TURS Wilhelm DHMH - 17 1982 Funeral Home Rd., Suitland, Md. (VR A15 ME (5) 15M 2/80



-		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH										
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arial 7-22-32 Ft. Finceln Comptery Prontrood F.I. Paryland

STATE OF MARYLAND

MUNICIPALITY AT PROPERTY TO SEE 到 现在 图 和 金林 22 -4 Princel Copyment Country Cheverly, M. . I brince Senere's Lan. More. Mee. See. Sectuariseur . Servicial Named and Pr. Secretary and Address of the Latter Section 1981 and April 2005 and Address of Latter Section 1981 uitestico alluoru 27. . Dear Seres! 579-9-9750 John Marshing 6712Weenter St., Syntheville Author this des tes accident. Brince George's Con. Homptial Alcohologian databased to the barries and the 7/12/182 Color Hill Conet by Lithau 'nrightname' loge h wight's one Ire. 7130 130. VO., H. . CT., D. . Called Landson THE CONTROL OF STREET The second to some of the second to the second to the second THINKS MINERALLY IN THE TRANSPORTER Marine State of the State of th

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH " REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-00 Muriel DEATH MATED Eleanor McCampbell 19 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH SEX DATE LAST BIRTHDAY PRONOUNCED Female White March 20,1905 77 DEAD b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED U.S.A. Maryland □ Prince George's County DIVORCED 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY B CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Hyattsville 6001 43rd. Street Housewife Own Home 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY Hvattsville 6001 43rd. Street Maryland P.G. NO [15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Harding Maude Turner Alonzo 17. INFORMANT ADDRESS 406 Richton Ct. 66. SOCIAL SECURITY NO. MAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR LINKNOWNS Mrs. Ann Louise Moss Upper Marlboro. Md. 577-30-0722 No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA FICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? YES -NO X 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH II LOCATION TIE. PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED STREET STATE STREET, FACTORY, FARM, ETC.) COUNTY CITY OF TOWN WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry deoth resulted from: Notural couses Suicide Homicide Undetermined monner July 21,1982 DATE 5632/Annapolis Road Suite # 4 EXAMINER'S NAME Said A. Daee, M.D. ADDRESS Bladensburg, Maryland (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMA P.G. Maryland July 23,1982 Ft. Lincoln Cemetery Brentwood Burial Them garlasth 4 FUNERAL DIRECTOR DHMH - 17 F. Gasch's Sons F.H. P.A. Hyattsville, Md. (VR A15 ME (5)) 15M 7/76

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Bet, 12 afir.

Esid A. Daco, M.D.

5833 Annavells Road Suite # 4 Nadenslure, Maryland

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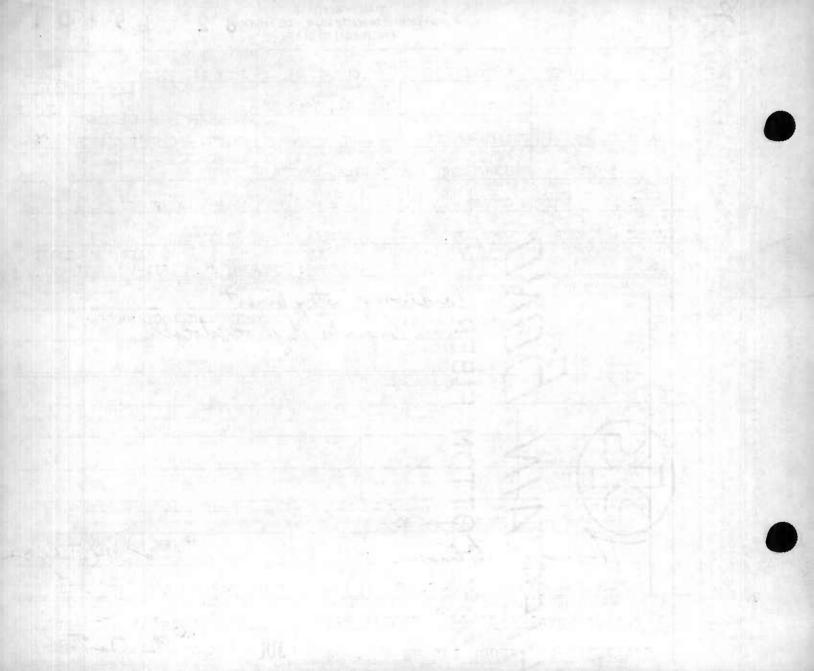
FRAZIER'S 389 RHODE ISLAND AVE. NW

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4) REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🛠

CERTIFICATE OF DEATH



7	1-	FOR STATE REGISTRAR			TH AND MENTAL HYGIEL CERTIFICATE OF DE	NE REG. NO.	9 0 2
ASE OR. LES. EET,	(TYF	CEASED NAME FIRE E OR PRINT) WILL	liam &	Pennett Me	1 (2 L)	20. DATE KNOWN AND ME OF ESTI-	7-27 1982 M
S NECESSARY, PEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. E), WITHIN 72 HOURS I W. PRESTON STREET,	3. SE)	Tale White	S. DATE OP BIRTH	YRS. MOR	UNDER 1 YR/ IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	PRONOUNCED 7	NTH DAY YEAR 2d HOUR 28 HOUR
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DEET, ME DEATH. GES 1, 2 A ND 2 AND 2 FUITA	2		Cleveland	McCoy	15. MOTHER'S MAIDEN NAM	WIDDLE	Loomis
BALTIMORE, MD. 21201 SS AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND: THE FORM PM 3: RETA PTITH FORM SHOULD INISION OF VITAL RECO	16a. V (Y	Yes 194	3-1946	166. SOCIAL SECURITY NO. 577 12 6674	Gary W. McCoy	,	Gaither Street
LI RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO 1 EF MEDICAGE EXAMINER ALONG WITH FORM PAR 3. RETAIN PA EF MEDICAGE EXAMINER PROBLE STORY EF MEDICAGE STORY EF MEDICAGE STORY EF MEDICAGE AL, CREMATION, OR REMOVAL.		Canditions, if any, we gove rise to immed cause (a) stating the urlying cause lost.	USED BY: DIATE CAUSE (6.7) hich fiote der- (c) (c)	AS A CONSEQUENCE OF	naf honer	Roge	BETWEEN ONSET AND DEATH
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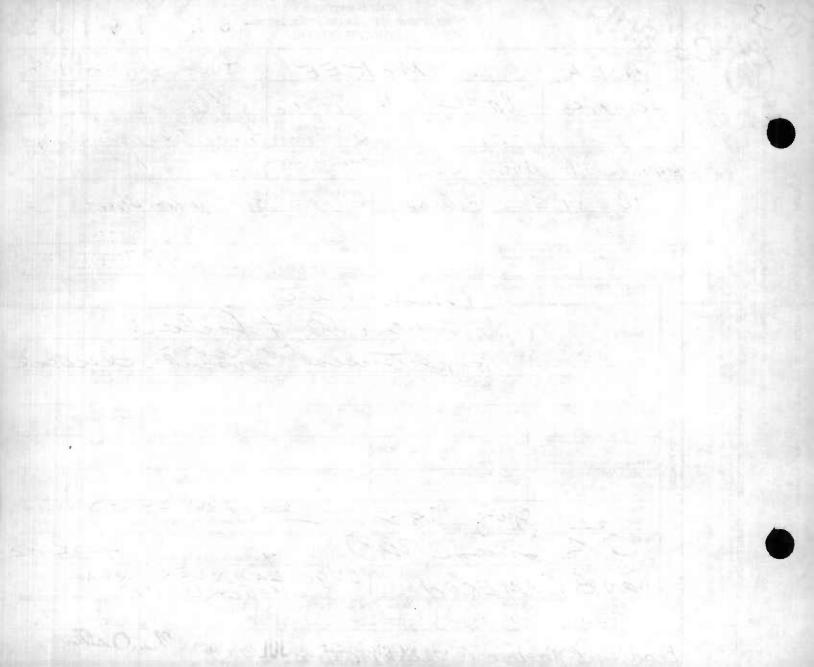
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BALTIMORE, MD. 21201 RS AFTER DEATH. IF ANY DELAY IS B. GIVE PAGES I. 2, AND 31 OTHE WITH FORM PM 3. RETAIN PAGE T. PAGES I AND 2 SHOULD BE FILED DIVISION OF WEAL RECORDS, 201	14. FATHER'S N				IS MOTHER'S MA	IDEN NAME			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH., IF RITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3, E. 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SI E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WARAL OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.	John	Mic	hael McV	Parry	Floren	MI	Bron	LAST	
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CON CONTRACTOR	EXAMIN	ER'S NAME	Ann M. Dixon	. M.D.	ADDRESS 111	Penn St.,	Balto. M	d. 2120	1
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3 SEX	le White	5 DATE OF BIRTH MONTH DAY July 18	1900 81 YRS.	UNDER TYR. IF UNDER THE DAYS HOURS	PRONOUNCED DEAD	MONTH BY	1 1984 98
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USUAL 130 ST Ma	RESIDENCE (IF IN NURSING HO ATE ryland 13b CC	ME OR OTHER INSTITUTION, GROUNTY INCE Geo.	PERESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Hyattsville	134. INSIDE CITY LIMITS?	13e. SEPERADORESS.	Avenue	
14. FA	THER'S NAME Lewis	WIDDLE	leriwether	15 MOTHER'S MAIDEN	NAME MIDDLE	Kee	LAST en
16a W (YE	AS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 460 05 7104	Virginia N		Same as #1	13 (Wife)
N.C.	Conditions, if any, will gove rise to immed cause (a) stating the unlying cause lost. PART 2 OTHER SIGNIFICANT CONDIT	iate (b) DUE TO, OR (c)	AS A CONSEQUENCE OF	ASE OR CONDITION GIVEN IN PARI	Π (σ).		
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	22a. I certify that I taak c		Accident , Suicide	psy , Inspection , Hamicide ,	Undetermined manner MEDICAL EXAMINER	ond in my apiniar DATE SIGNED	7-10-82
22 - 81	EXAMINER'S NAME (TYPE OR PRINT)	1 200 0 200		_ADDRESS	123d LOCATION		
	IRIAL, CREMATION, REMOVATION REMO	7/13/82	23c. NAME OF CEMETERY Ft. Lincoln	Cemetery	Brentwood,	P.G. May	aland state
1	Media Gasch's lyattsville.	ons Funera	al Home, P.A.	JUL	C'D. BY REGISTRAN	ance Of	ATORE

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- STATE

(TYPE OR PRINT)

REGISTRAR

1. DECEASED NAME

REG. NO 20. DATE OF DEATH MONTH 2h HOUR 10:42am IF UNDER 1 YEAR DAYS BALTIMORE CITY OR COUNTY OF DEATH COUNTY 17h KIND OF BUSINESS OR INDUSTRY HOME CAMP SPRINGS, MD 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F COUNTY 82 22c DATE SIGNED

BP HMH - 16 50M 1/81 (VRA 15, 4)

JULY, 21, 1982 24 FUNERAL DIRECTOR Lee Funeral Home, Inc.

23a BURIAL, CREMATION, REMOVAL 23b. DATE

ARLINGTON NATIONAL ARLINGTON Old Alexander Ferry Road, Clinton, Maryland 20/35 JUL 21 1982 Fishes

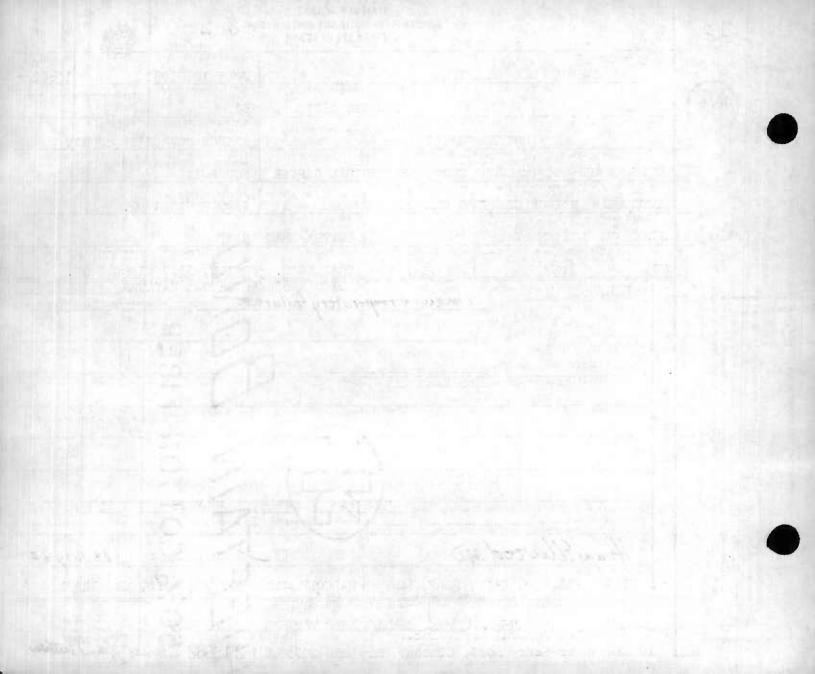
23d. LOCATION

23c NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE A

CERTIFICATE OF DEATH

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/	1				STATE	OF MARYLAND					5 7
	1	FOR STATE REGISTRAR			CERTIF	CATE OF DEATI	H	REG.		9	0 9
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OR A the hosp	L DIREC stoched e Dept. If Item		27b. SIGNATURE	ELCV	y after death.	15	DEGREE	MEDICAL	STAFF		22c. DATE	SIGNED	
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ဉ ^{ရွိ} BI	F S S =	230	BURIAL, CREMATION, REMOV	AL 23b. DATE	25		EMETERY OR CREMATORY COMETER	23d. LOCA	ORTOWN	MI /	DUNTY SE	x Stati	E
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			STATE OF MARYLAND	
			FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1 1
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FOR

REGISTRAR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀

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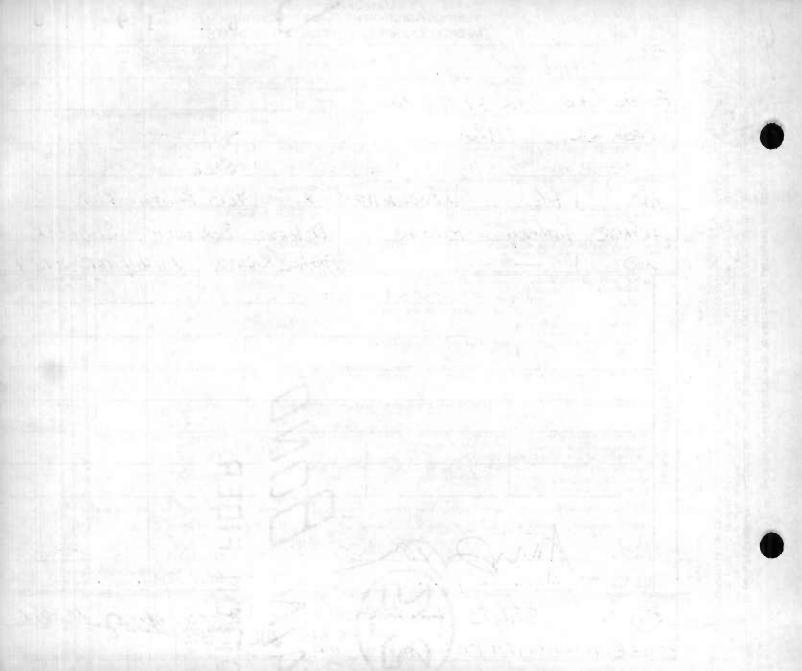
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2		gave rise to immediate cause (a) stating the <u>underlying cause last</u> . PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	R AS A CONSEQUENCE O		TION GIVEN IN PART 1 (a)				
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		ACTUAL SAVO) A-1	DARRM	M.D. DE		MEDICAL EXAMINER	DATE	7-1/-	07
		XAMINER'S NAME SAI		EE, M.D.	ADDRESS	BLADEN		RYLAN	D	
) DAID	IRIAL, CREMATION, REMOVAL I	7/30/82	231. NAME OF CEM	CEMETE		PPER MARI	BORO (Pr.Geo	s)MD
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1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 9 9 1 STATE OF MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PEGISTRAP	15
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W PRESTO	Male White Apr. 1904 78 yrs. Male White Apr. 1904 78 yrs. Married Mar	188 9F
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60	I. FATHER'S NAME FIRST Daniel G. O'Connell Margaret Mainum Margaret Mar	rt .
PERMIT, PAGES 1 AND 31ENE, DIVISION OF 1	Yes, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 300-50-5646 Fr. Robert H. Wharton- above	e addres
USED AS A BURALITARNSII PERMII OF HEALTH AND MENTAL HYGIENE, IAL, CREMATION, OR REMOVAL.	Canditions, if any, which gove rise to immediate cause (a) stating the <u>under-lying cause last.</u> (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
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j	11.	FOR STATE	DEPART	MENT OF HEALTH	AND MENTAL	HYGIENE 2		9 1 1 6)
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		18 CAUSE OF DEATH (Enter o	nly one couse per line for (o), (b), ond (c).)				APPROXIMATE I	NTERVAL
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SEX SE		SIGNATURE	W V V		(ii).	MEDICAL EXA		SIGNED	
WOO TO	-	EXAMINER'S NAME AN	n M. Dixon, M.C).	111	Penn St	Balto	Md. 21201	
TO MEDICAL EXAMINA EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH THE BATTMORE, MARYLAIL		(TYPE OR PRINT)			ADDRESS				
C C Edgagg	23a. E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY	R CREMATORY	23d LOCATION	-	COUNTY STA	TE _
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DHMH - 17	24. F	UNERAL DIRECTOR	Apports		250. Day	BECLP. BY RETOION	R 25 PLENE	ANTISIGNATURE	
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Item 11 per phone 8/4/82 dad STATE OF MARYLAND	
1- FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2 1911/
1. DECEASED NAME FIRST MIDDLE LAST 20. E	DATE KNOWN CO MONTH DAY YEAR ON HOUR
(TYPE OR PRINT)	OF ESTI- DEATH MATED 7 23 8 104
MONTH DAY YEAR LASTRIPTUDAY	DATE MONTH PAY 24 HOUR
PAGES /YRS.	DEAD 19 19 NAME OF THE PROPERTY OF COUNTY OF DEATH
MALE White 1/2 18 GYRS. 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. B. WIDOWED DIVORCED	Prince Georges Con
TEGERAL OF POWN OF DEATH	OCCUPATION (TYPE OF WORK 12% KIND OF BUSINESS OF INDUSTRY OF UNITS SELVICE
14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME FIRST MIDDLE MI	
To seill Agnes	JANE WATT
130 STREET 130 STATE LIGHT CONTROL TO SHIPE 131 INSIDE CITY LIMITS? 132 STREET 134 INSIDE CITY LIMITS? 135 STREET 136 CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).).	4400 Powder Mill Rd Beltsville, Md. 20705
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a) stating the under-	9
Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. (b) Memory of DUE TO, OR AS A CONSEQUENCE OF lying cause last. (c) MCCMoma	lung
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN A PART 1 100.	
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22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , In death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined in the control of the control of the remains described above, held an Autopsy , Inspection , In	Inquiry , and in my opinion ined manner ,
ACTUAL SIGNATURE SALD A. DASS M. M.D. MEDICAL MEDICAL	DATE 7-23-82
EXAMINER'S NAME (TYPE OR PRINT) ADDRESS	
(TYC)	OWN STATE
BP BUVIA July 27, 1987 Evergreen Mean GAN Fin	
DHMH-17 - MARE CILL APPRIES	982 have Janton

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Bowie, Md.

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(VRA 15, 4)

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FOR - STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN L DECEASED NAME 26 HOUR (TYPE OR PRINT) OF ESTI-J. 24 1982 Thomas Pappas 6 AGE (IN YEARS IF UNDER 1 YR 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 3 SEX LAST BIRTH DATE PRONOUNCED 9,05 White May 28 1962 Male DEAD 24 MARRIED NEVER MARRIED 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Maryland USA □ Prince George's County WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Doorman-Restaurant OR INDUSTRY Prince George's General Hospitai Cheveriv Md. 136. COUNTY PG Hyattsville 13d. INSIDE CITY LIMITS? 6813 Calverton Drive DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD, 2120 18. GIVE PAGES 1, WITH FORM PM II. PAGES 1 AND SHAPE, DIVISION OF VIT 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Pappas Charlotte Bailey Andrew IAL SOCIAL SECURITY NO 17. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 215 82 6335 Andrew Pappas (Father) Same as #13E None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). HEALTH AND MENTAL HYGIENE,
THEALTH AND MENTAL HYGIENE,
THEALTH AND OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cranio cerebral trauma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, OF YES X NO [EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE CATO FUNEAR DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRICK TO BU 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR driver in auto/tractor trailer impact CONTRIBUTING CAUSE OF DEATH 24 19 82 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) AT WORK AT WORK Kenilworth street Greenbelt Rd. Greenbelt.P.G. described above, held on 22a. I certily that I took of death resulted fram Undetermined manner TITLE (SPECIFY) 7/25/82 Deputy Chiefedical ExaminER EXAMINER'S NAME Thomas D. Smith. M.D. III Penn St. Baito. Md. (TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 23b DATE Mont. Maryland 7/27/82 Gate of Heaven Cemetery S.S. Burial BP 24. FUNERAL DIRECTOR **DHMH - 17** Hines/Rinaldi 11800°N.H.Ave.S.S.Md. (VR A15 ME (5)) 20M 4/82

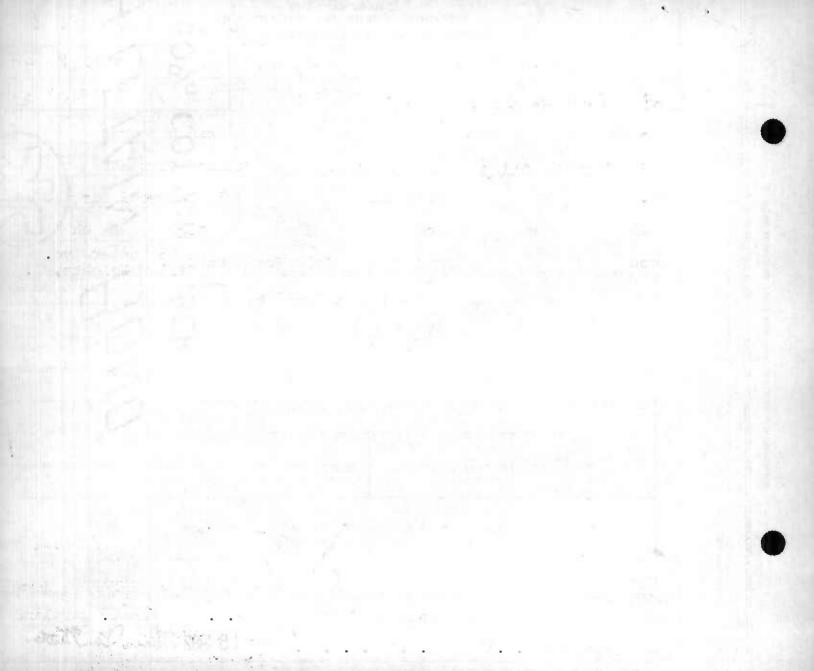
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN MONTH TYPE OR PRINT) OF 10 ESTI-IS NECESSARY, PLEASE FUNERAL DIRECTOR.

E 5 FOR YOUR FILES.

E), WITHIN 72 HOURS DEATH MATED 6 AGE (IN YEARS 4. RACE DATE OF BIRTH IF LINDER 1 YR. IF UNDER 24 HRS 2 c. DATE 2d HOUR MONTH YEAR LAST SIRTHDAY) PRONOUNCED 0 0 RIENTA DEAD 0 1, 2, AND 3 TO THE FUNERAL A 3. RETAIN THE FUNERAL C SHOULD BE FILED, WITHIN TAL RECORDS, 201 W. CITIZEN OF WHAT COUNTRY 70. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY) Korea Prince George Korean WIDOWED DIVORCED 10. CITY OR JOWN OF DEATH IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1)26 KIND OF BUSINESS Retired Merchant OR INDUSTRY WSUAL RESIDENCE (IF IN NURSING HOME OR C Md. 136 COUNTY Riverdale 13d INSIDE CITY LIMITS? 6215 Fernwood Terrace YESK B. GIVE PAGES 1, 2, WITH FORM PM 3. IT. PAGES 1 AND 2 S, DIVISION OF WALAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Oh Jab II Paek Park Boon 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Ranger Ave. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) None Duke Park (Son) 579-84-7629 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c). BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost DIVISION OF VITAL RECORDS. MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BE USED YES [] NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 FORWARDED TO THE OR: PAGE 3 SHOULD HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE OF BALILIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion deoth resulted from: Natural couse Homicide Undetermined manner ACTUAL SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Mitchellville, Maryland Said Daee TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION S S. Maryland Mont. Burial 7/12/82 Gate Of Heaven 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTE DHMH - 17 Hines/Rinaldi F.H. 11800 N.H. Ave. S.S. Md (VR A15 ME (5)

15M2/80



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.			
		CEASED NAME FIRST SYLVI		MIDDLE		RKINS	2a DATE OF	DEATH MONTH	DAY	YEAR	26 HOUR
¥	3. SE	X	4. RACE		5 DATE (6. AGE (INY	EARS LAST BIRTHDAY)	IF UNDE	ER I YEAR	IF UNDER 24 HRS
	Fe	male	Black			ber 1, 1930	51	Y	RS MONTHS	DATS	HOURS MIN
5	. (RTHPLACE (STATE OR FOREIGN COUNTRY)	16. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DIVORCED		RE CITY OR COU			
L	10 CI	TY OR TOWN OF DEATH CHEVERLY	11. NAME OF I	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION GENERAL HOSP.	12a USUAL	NCE GEOR OCCUPATION K FOR MOST OF WORKING WIFE	12b.		F BUSINESS OR
5	13a S Ma	(1,720,200		13c CITY OR TOWN	V	13d. INSIDE CITY LIMITS? YES X NO		ADDRESS Lenarde 1	n Park	cway	
G	14 FA	Arthur	MIDDLE	Colbert		IS MOTHER'S MAIDEN NAM	ME	WIDDLE	На	andŷ	ı
		VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	579-42-56		Lionel G. Pe	rkins	ADDRESS 8903 (Lanha	Glenar m, Mar	rden ryla	Parkway nd
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1	CERTIFICATION	19a DATE OF OPERATION	19b CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY? 20b II	FYES, WERE	E FINDIN CAUSES	IGS USED OF DEATH?
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER MOTHEY MEDICAL EXAMINER 21d. IN JURY OCCURRED	1111	m. month da m.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTERNA	TURE OF INJURY IN ITEA	A TB PART 1 OR	PART 2)	
	ME	WHILE NOT WHILE AT WORK		REET, FACTORY OFFICE, FA	ARM, ETC }	STREET		CITY OR TOWN	co	YIAU	STATE
		220.1 certify that (I) (this haspi saw the deceased alive on above. (I) (world) (did no 22b. SIGNATURE Dured by	n. Lo	5/27 195			death occurred	d on the date and STAFF PHYSICIAN	22		
		DAVID M. GOI		1.D.		6525 BELCRI	EST RD	. HYATTS	SVILLE	E.MD	. 20782
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 7/7/82	236 N	AME OF C	EMETERY OR CREMATORY	k Land	IION Ortown Over Pri	nce T	eorg	e's MD

DHMH - 16 50M 1/81 (VRA 15, 4)

²⁴ FUNERAL DIRECTOR ROLLINS Funeral Home, Inc. 4339 Hunt Pl. N.E., Washington, D.C.

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DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) Doris L. Phillips 4 RACE 5. DATE OF BIRTH 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH HOURS Caucasian Female eb. 16 TO BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pr. Geo. Virginia WIDOWED DIVORCED [Liden Pain NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION Care Nursing Home Largo W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE Seabrook 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Pr.Geo. Md. 15 -Underwood St. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Fritts May Louisa Kibler 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Clyde Phillips (above address) No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: osti Corcenma telun Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION prior 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe NO YES [NO [and Mental Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 21. 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 Ö 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from 19 62 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on, above in waste at (did not) w be deruc. DEGREE 22c. DATE SIGNED Mul MEDICAL STAFF + ATTENDING! MPORTANT PHYSICIAN 22d PHYSICIAN'S NAME TYPE OF PRINT 22e ADDRESS should be 230. BURIAL CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY LOCATION (SPECIFY) Burial Ft. Lincoln Cem. Brentwood BP 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Mt. Rainier, Md. Nalley's F.H. Inc. (VR A 15 (4))

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		ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME	, OR OTH	HER INSTITUTION 120 US	UAL OCCUPATION (TYPE OF	WORK 12h KIND OF BUSINESS	5
æ		/		Governor B	ridae		ecretary		
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f	I	District of C	Columbia	Washingto	on	YES NO 1 905	6th Stree	t, S.W.	
	14. F/	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	E MIDDLE	LAST	
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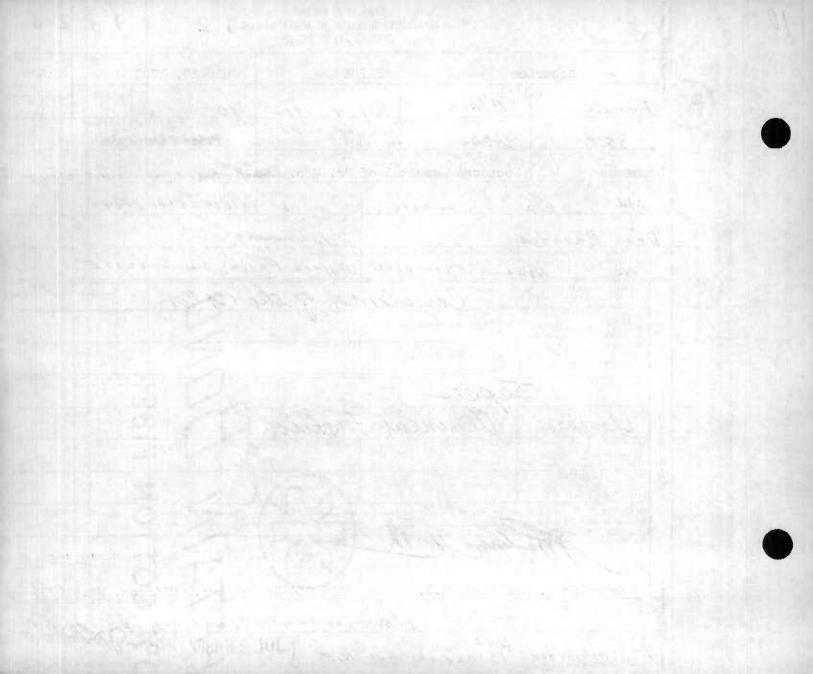
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH 26 HOUR Naomi Esther POSEY-(TYPE OR PRINT) ESTI-DEATH MATED S. DATE OF BIRTH 6. AGE (IN YEARS IF UN JOK 1 YR. black IF UNDER 24 HRS DATE 55 VPS 10-15-26 YEAR PRONOUNCED DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Beat Pleasant 12h, KIND OF BUSINESS LI. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 6420 Seat Preasnt Drive OR INDUSTRY. tousewite + Home SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET ADDRESS 136 COUNTY 6420 Sent Plansmyt DIENSANT 14. FATHER'S NAME LAST LAST EIRST Amuel Adum 5 T. PAGES 1. DIVISION 160. WAS DECEASED EVER IN U.S. ARMED FORCES? TAL SOCIAL SECURITY NO. LYES NO OR HINKNOWN 44-42-6499 None 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY menter Carles Varenter abole JMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. SED AS A BURIAL-HEALTH AND ME AL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION arlend carumona Terefore 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES NO Z 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PM 19 21 PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STARMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry' death resulted from: Accident Homicide ___ Natural causes Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez M.D. ADDRESS 5009 Rayburn Ct (TYPE OR PRINT) ... Temple Hills Md 236, BURIAL, CREMATION, REMOVAL 236. DATE STATE 250 DATE REC'D BY REGISTRAND STONE = Bulos 24. FUNERAL DIRECTOR 402 ADDRESS AUG **DHMH-17** (VR A 15 ME (5)) 15M 2/80

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	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	VIRY? 8.	9 BALTIMORE CITY OR COU	INTY OF DEATH
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	abave, (1) (we) (did) (did no 27b. SIGNATURE	ot) view the bady after death.	DEGHEL DEGHEL	ontion death accurred on the date and	122c. DATE SIGNED
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE SE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH MONTH 26 HOUR

REGISTRAR DECEASED NAME

FOR

1 - STATE

Prince Georges County

12h KIND OF BUSINESS OR Secretary-Fruit Growers

DAYS

12800 Poplar St

Leishear

1337 Passage Dr. Odenton, Md.

COUNTY

STATE

NO [

STATE

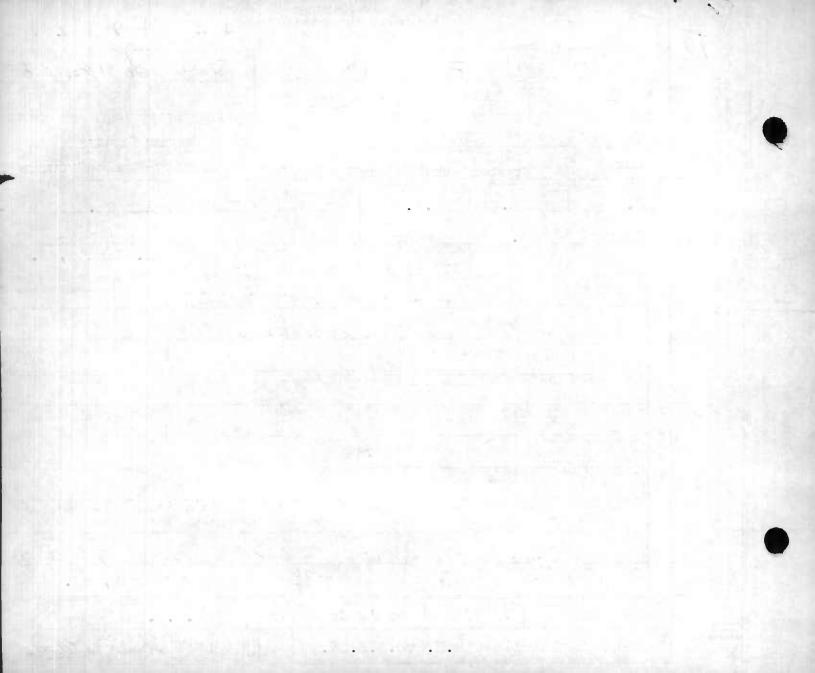
22c DATE SIGNED

Contee Road Laurel, Md.

COUNTY

24 FUNERAL DIRECTOR Himes/Rinaldi 11800 N.H. Ave.S.S.Md. BY REGISTRAR 256. BEGISTRAR'S SIGNATUR

DHMH - 16 60M 1/75 (VR A 15 (4))



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		enkatakrishna AS DECEASED EVER IN U.S. AR/		b. SOCIAL SECURITY			DDRESS	GIII	
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į	CERTIFICATION	190. DATE OF OPERATION	Ties CONDITION	FOR WHICH OPERA	TION WAS PERFORMED?			20. AUTOPSY?	
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	- 1	22s. I certify that I took charg	and the remainder	d abaya beldee	Autopsy , Inspect	ion , Inquiry	ond in my op	inion	
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		death resulted from: Natur	rol causes Acc	ident , Suic	de, Hamicide	Undetermined monne	· U.		
		ACTUAL	. Dad	0	OLUTE (PARCEA)		DATE	7-26-	87
_		SIGNATURE SALL	A. DAR	RNI	Mostegner	MEDICAL EXAMINE	R SIGNE	0/- 00	
1		EXAMINER'S NAME		/	1.06	(D - 1 C)	MA 4 - 1 - 2 2		
0		(TYPE OR PRINT) Sai	d A, Daee, N		ADDITESS	6 Pavia Ct.	Mitchell	eville, Md	•
	23a.Bl	RIAL, CREMATION, REMOVAL			TERY OR CREMATORY	236. LOCATION	cou	NTY STATE	
	(5	Cremation	7-26-82	Lee's C	rematory	Washingt	on, D.C.	20002	
		NERAL DIRECTOR		1116		E REC'D. BY REGISTRAR	756. REGISTRAR'S	IGNATURE	
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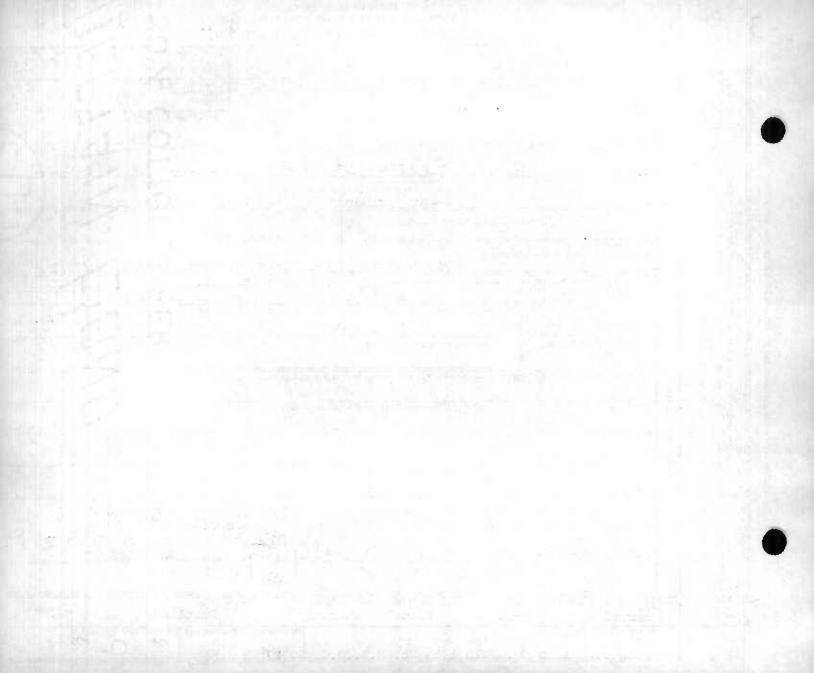
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	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	19132
	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MO	NTH DE YEAR 26 HOUR
deo de o		ANNA ANNA	Keckert		7/14/82/5:35
3. 5	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR IND	R I YEAR OF UNDER 24 HRS
ofo	Temale	WHITE	DEC. 20 1889		YRS.
GAND 10	SIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR C	OUNTY OF DEATH
FRAFTS	MARYIAND	11. NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED	PRINCE	GEORGE'S MO
# P = 11	II.	(IF NOT IN SUCH FACILITY, GIVE STREET	to -	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
=======================================	SUAL RESIDENCE (IF NURS HO HOURS)	CARROIL HOTHER INSTITUTION, GIVE RESIDENCE BEFOR	MANOR	HOUSEN	NPE -
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pg 5	FATHER'S NAME	JOHER GATHER	SBYRG YES NO 1	ME ME	ligHland Hall D
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e mol	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		
ol, cr	underlying couse lost.	(c)			
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or Item 1	DECOMPRESIDENT TAKEN OF DE	HOUR A.M. MONTH D P.M. 214: PLACE OF INJURY	19 211 LOCATION	YES NOTE NATURE OF REQUEST R	YES NO
Mentol or Item	DECOMPRESIDENT TAKEN OF DE	HOUR A.M. MONTH D	19 211 LOCATION	YES NOW	YES NO
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The End I'll give a little of the 120 Y dwin A recommend Harman Market Commence of the State of the S Darymed 1 2 2 x 1 2 min frame for each 2 Hyntisaly E CHROCH MANNER HANSENCHE angelling - acongrasy Continues and x 2 1551 1 54 land thill in George Meyel Milled MO 2 224604554 CATHORINE A HEINE STANE ASEE 13 JAMES S. FOLDER, M.D. 916-197857 NW KIRSH DC Brown Jay 17 As my Chier CAM WASH. D.C. A.

DE HOLD Franch House Town DE HOLDE

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Ióa. V	VILLIAM H. REDD VAS DECEASED EVER IN U.S. ARA	AED FORCES?	16b. SOCIAL SECURITY	NELLI NO. 17 INFORMANT	ADDRESS	
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	22a I certify that I took charge	e of the remoins descr	ibed above, held an	Autapsy . inspecti	ian . Inquiry . and	d in my apinian
			Accident , Suic		Undetermined monner	/ sp
				FILE (SPECIFY)		7 7
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Name of Street	(TYPE OR PRINT)			ADDRESS		
23a.B	URIAL, CREMATION, REMOVAL 2			ETERY OR CREMATORY	23d. LOCATION	COUNTY
	Burial	7-28-82	Lincoln	Memorial	Suitland,	COUNTY
	UNERAL DIRECTOR			25a. DATE	REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
24. F	NAME	ADDRESS				0 11.7



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2h HOLIR TYPE OR PRINTS Reese Ellen A. Jul. 06,1982 10:40 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Jan. 14, 1895 Female Black 87 M. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Md. WIDOWED DIVORCED T ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Laurel Greater Laurel Beltsville Hospital Housewife SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 12220 Conway Road Beltsville Geo NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST Mamie Brewer Joseph H. Conway 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) I HE YES GIVE WAR OR DATES) Ruth Reese (Daughter) same as #13 No 18 CAUSE OF DEATH (Enter only ane couse per line for (o). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Canditions, if any, which gave rise to immediate couse (a), stoting the underlying couse

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION

190 DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NO NOF 21m. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN

AT WORK 220.1 certify that (1) (this haspital) attended the secensed fram ond that in (my) (our) opinion death occurred on the date and hour and fram the causes stated saw the deceased olive an abave, (I) (we) (did) (did not) view the body ofter death

22h, SIGNATUH DEGREE 27c DATESIGNED ATTENDING. # MEDICAL STAFF

PHYSICIAN

JAN'S NAME 22e ADDRESS 9811 Mallard Drive, Laurel, Md.

23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d LOCATION 236 DATE (SPECIEY

Laurel, Pr. Ceo. Md. STATE Burial 7-10-82 Md. National Mem. Park 24 FUNERAL DIRECTOR

246 N. Washington Street George R. Snowden Rockville, Md. 20850

DIRECTOR PHYSICIAN

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500 UNIV. BLVD. . W. . SILVER SPRING. MD. 20901

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DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

WENTER DAY 151 182

W.W. Chambers Co Riverdale Md.

FOR STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN®

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN LTYPE OR PRINTI OF ESTI-Robey George A 2, AND 3 TO THE FUNERAL DIRECTIONS.

3. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS IL RECORDS, 201 W. PRESTON STREET, DEATH MATED 19 4 RACE & AGE (IN YEARS IF UNDER 1 YR. 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE DAY YEAR 2 LAST BIPTHDAY PRONOUNCED May 7,1897 Male White 85 DEAD IN RIPTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Washington, D.C. WIDOWED Prince George's County DIVORCED ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Riverdale Leland Memorial Hospital Retired Foreman D.C. Gov't. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e. SIREET ADDRESS 4709 Somerset Road 13c. CITY OR TOWN 3a. STATE 13b. COUNTY 13d INSIDE CITY LIMITS? Maryland P.G. Riverdale YES X NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME C AFIE.
JIVE PAG.
TH FORM PI.
RES 1 AND 2
TO OF VIT MIDDLE MIDDLE LAST Robey Osborne Sarah James 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT Address Same as ADDRESS DIVISION LIE YES GIVE WAR OR DATES 577-36-8221 Gladys M. Robey No# 13e. Yes-Army W.W.I CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DI IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CERTIFICATION E 3 SHOULD BE USED A DEPARTMENT OF HEA 31 PRIOR TO BURIAL, CI 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO X 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. YPAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2' 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry death resulted from: Natural causes Hamicide ____ Undetermined manner Accident 5632 Annapolis Road, Suite # 4 EXAMINER'S NAME Said A. Dace. M.D. Bladensburg, Maryland (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 7-26-82 Burial Ft. Lincoln Cemetery Brentwood Maryland BP P.G. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** Gasch's Sons F.H. P.A. Hyattsville, Md. (VR A15 ME (5) 15M 2/80

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unial 7-26-82 Mt. Mincoln Cemetery Brentwood F. C. Marydand

DECEASED NAME FAST		STATE REGISTRAR			LEXAMINE	R'S CERTIFICAT	E OF DEA	rH ² RE	G. NO. 9	13	5
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18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 19. CONDITION FOR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stabling the under-lying couse last. (c)	35 M	aryland	Pr. Geo	rges 13c C	rce before admission) ITY OR TOWN reenbelt	N.			Hill	Road	
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TO -22-2202 Mrs. se Mainson, Greenbelt, M.

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ARY, PEASE L DIRECTOR. COUR FIRS NYZ BOUR	3. SE	Male Caucas	3 -/ 7-	10 72 YRS.	UNDER 1 YR. IF UNDER	MIN. PRONOUNCED	7-8 1982 M MONTH DAY YEAR 14 HOUR 7-8 1824 AM
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD. "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND: RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETARE 3E ANOULD BE USED AS A BURIAL. "TRANSIT PERMIT. PAGES 1 AND 2 SHOULD E DEPARTMENT OF HALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECOLOR PROPERTY."	NOI	Canditians, if any, wh gave rise to immedicate (a) stating the unclying cause last. PART 2 OTHER SIGNIFICANT CONDITI	ISED BY: DIATE CAUSE (of DUE TO, OI det to OI) der- ONS CONTRIBUTING TO DEATH	R AS A CONSEQUENCE OF			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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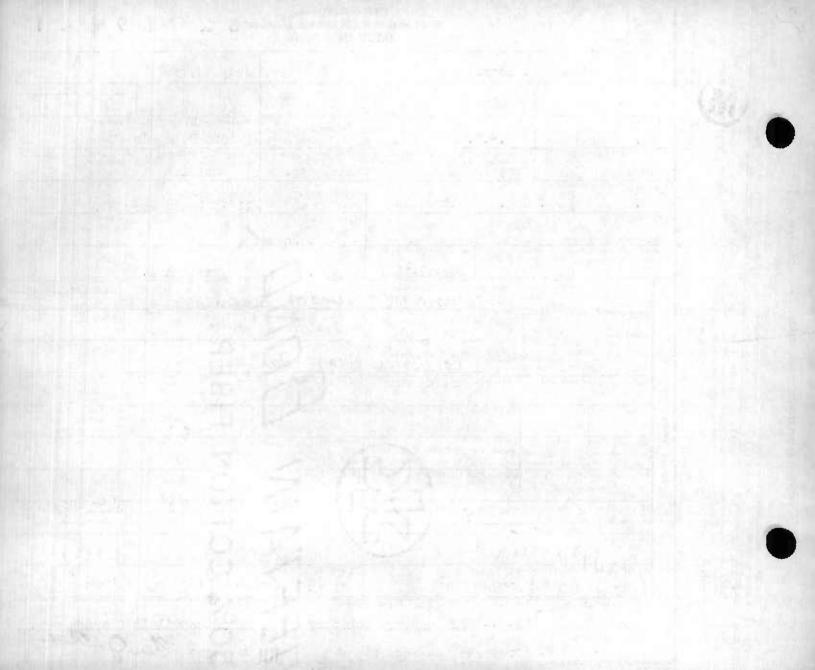
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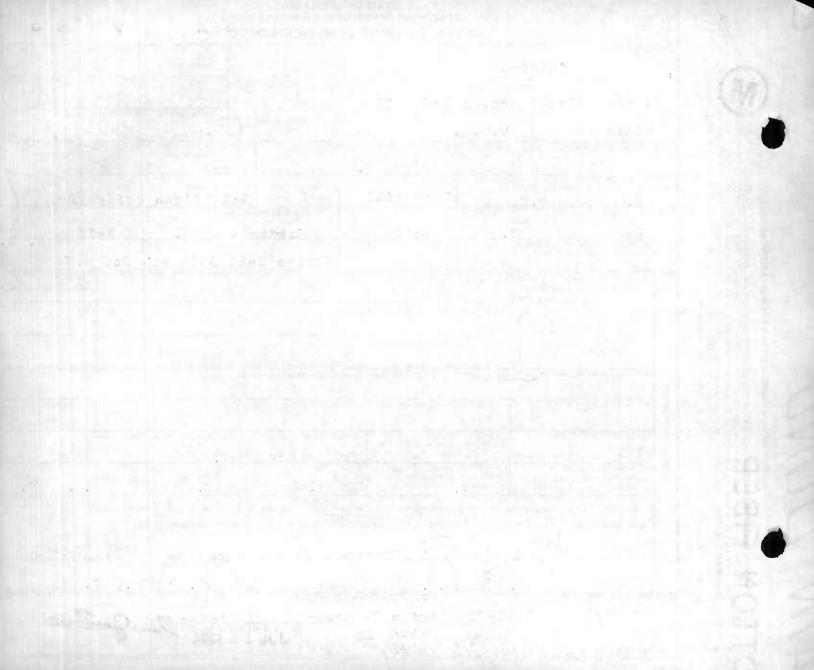
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	(Ba)		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 2a. DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-19 82 Julaina SELF 8:30 4 RACE AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 19 82 DEAD Female. Black Oct. 1 1960 9. BALTIMORE CITY OF COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIEDX FOREIGN COUNTRY)
Triniadad U.S.A. WIDOWED DIVORCED Prince George's AND 3 TO THE FURETAIN PAGE SOUILD BE FILED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Oxon Hill Wilson Bridge Dr. Nurse USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Oxon Hill 13d. INSIDE CITY CIMITS? 13e STREET ADDRESS 3a STATE 136 COUNTY YES X NO 516 Wilson Bridge Dr. Md 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST 0 Self. Leo Marima 7. INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) Marima Self 5024 9th St. N.W. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Strangulation IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS A E OF HEALTH 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO THE CASE AGE 3 SHOULD BE USE!
ATE DEPARTMENT OF I YES X NO [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 1982 Subject strangled 21e PLACE OF INJURY (AT HOME, 211 LOCATION AT WORK NOT WHILE Wilson Bridge Dr., Oxon Hill, P.G. Md. PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE ( BALTIMORE, MARYLAND, 2120) apt. 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinian Hamicide X death resulted fram: Accident Undetermined manner Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 7-5-82 SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dixon-M.D TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 114 DATE 23d. LOCATION Burial 7-12-82 Arima Cemetery 24. FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5)) 20M 4/82



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3. SEX		4. RACE	5. DATE OF BIRT	YEAR LAST BIRTH	YEARS IF UNI		HOURS A		DATE		MONTH	23	82	2d HOUR
Mal	THPLACE (5)	White	March 2	0-1910 72 WHAT COUNTRY?	YRS.			0.0	DEAD ALTIMORE	CITYO	P. COUNT	1	9	A M
Ohi	IGN COUNTRY)	ATE OR	U.S.		MARRIE		VER MARRIED				_			
	Y OR TOWN	OF DEATH		DSPITAL, NURSING HOA			DIVORCED	2a. USUAL C	ince			12b KIND	OF BUS	
Gre	enbeli			FACILITY, GIVE STREET ADDRESS  CEZEWOOD TE		Apt-	102	FOR MOST	of working	nene	ector		NDUSTR	
13a. ST	RESIDENCE ATE yland	IF IN NURSING HOME	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Greenbel	ision)	13d INSIDE C		3. STREET /	ADDRESS					
I4. FAT	HER'S NAME		MIDDLE	LAST		15. MOTH	ER'S MAIDEN		MIDDLE			LA		
	iel			Shay		Elle	en					ite		
(YES	AS DECEASE!	EVER IN U.S. A	RMED FORCES? VE WAR OR DATES)	16b. SOCIAL SECUR		17 INFOR								Falls
No	I CAUSE O			289-09-25 ne far (a), (b)-and (c).)	37	Mrs.	Carla	Jo Bi	elask	1 KO	I-ALI		ON , V	
	lying cau		DUE TO, C	OR AS A CONSEQUENCE		OR CONDITIO	N GIVEN IN PART		in Ci					
CERTIFICATION	196. DATE OF	OPERATION	I 19h CONI	DITION FOR WHICH OP	EPATION WA	S DEPEOP	MED?					120 ALL	TOPSY?	
FIS			1112 COIN	on on which or		NOTENT ON							s 🗆	NO DE
		CAUSE WAS		DFINJURY M. MONTH DAY YEA M. 19		W INJURY	OCCURRED	ENTER NATUR	E OF INJURY II	NITEM 18 PA	ART 1 OR PAI			110
W W	WHILE AT WORK	NOTWE		E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	21f. LOC	REET		Cit	OR TOWN		COL	UNTY		STATE
	death result		rge of the remains d	escribed abave, held an Accident ,	Autaps:	Hami	Inspection	Undetermin		r 🔲,	d in my ap	2-7	3-1	52
1	SIGNATURE, EXAMINER'S (TYPE OR PRII	NAME Sai	d A. Daee	, M.D.		ADDRESS_	5632 A		lis R	Road,		te #	4	
	RIAL, CREMA	TION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OF	CREMATO		23d LOCAT			cour	NTY	STA	ATE
26.50	Bur NERAL DIREC	ial	7-26-82	Resurre	ction	Cemet	tery	Clin	ton	(L DEC	P.G.	Ma	ryla	nd
			F H D ADDRE	"Hyattsvill	e. Md.		11112	CH? BY 98	Z CIL	CACES	MAINS S	NAME OF THE PARTY OF	then	
F.	dascii.	e Dane	rene rene	HUMOUSTLIL	o had		~~~				Col.			

This can be a control of the control

Soid A. Dage, W. P.

5652 tunamolis Road, Suite 4 4 Hladensburg, Varriand

Burial 7-26-22 Resurrection Constery Tinton 2.1, Maryland

". Gasch's Sons F.H. P.A. Hyattsville, Nd.

FOR

REGISTRAR

DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤾 CERTIFICATE OF DEATH REG. NO 1.651 2a. DATE OF DEATH 2b. HOUR July 4, 1982 11:00a 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Prince-Georges 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife Own Home 13e STREET ADDRESS 510 Slattery Blvd. 15. MOTHER'S MAIDEN NAME Fahey Catherine ADDRESS 145 11th. St. N.E. Richard N. Holwile Washington, D.C. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 mos 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 22c DATE SIGNED MEDICAL STAFF

PHYSICIAN DIRECTOR PHYSICIAN

6525 BELCRESTAD HYAHSUIlle, Md. 2078

23d. LOCATION

F. Gasch's Sons F.H. P.A. Hyattsville. Md.

July 8, 1982 Forest Park - West

Burial

Shreveport Caddo Louisiana HEC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Adarles ...

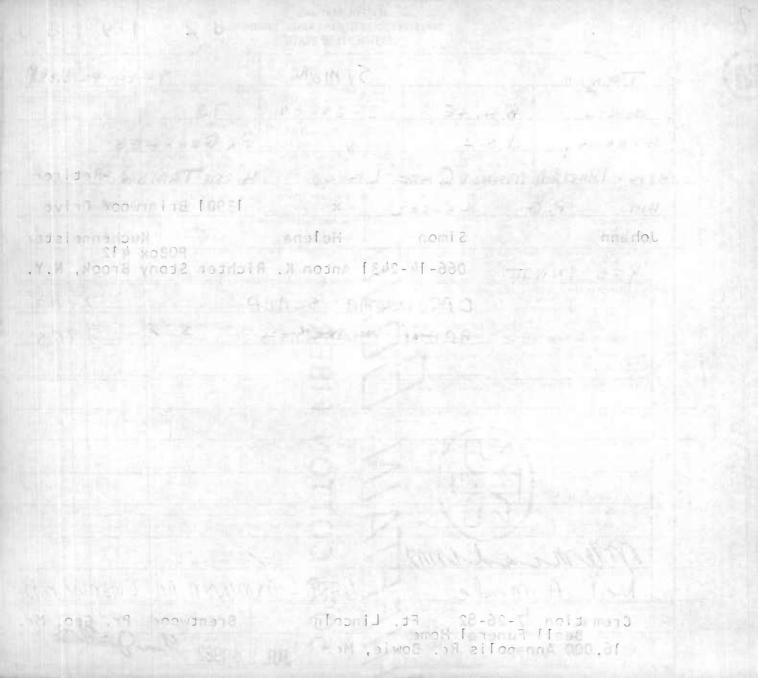
DHMH-16 30M 2/80 (VRA 15, 4)

BP.

Bones and Com Money .byEl Profits Elvd. Tori into other conf resistant to the contraction of TAN DIEN, SELECTION deliged to polytic patienton, h.c. The July 8, 1982 Forest Tark - eat they come and their

T. Conclus Some R. H. T.A. Byntismille, Md.

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	1	STATE REGISTRAR			DEPARI		EALTH AND MENTAL ICATE OF DEATH		REG. NO		9	1 5 0
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(MI)	3 SE		()	RACE		5. DATE C	J III OI	14 465	(IN YEARS LAST BIRTI	,	UNDER I VE AR	3:08 PM
1 25	3 36	^		MACE		MONTH		1	(IN TEAKS LAST BIKT	MC	ONTHS DATS	HOURS MIN
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T Co 20 1		IRTHPLACE (STATE OR I	OREIGN 76.	CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9 BALTI	MORE CITY OF	COUNTY	OF DEATH	
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With the fe	10 C	ITY OR TOWN OF DE	(TH 11	NAME OF	HOSPITAL, NURSI	NG HOME C	R OTHER INSTITUTION		AL OCCUPATION		126 KIND C	OF BUSINESS OR
OLO S OF S OF	W.	POUR MAR	Bala 1	MANI		1	Pryad	10.0	WORK FOR MOST OF		0	tired
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MARYLAND ed within 24 mpletely filled ond 2 should		nd.	P. G		LAURE		13d. INSIDE CITY LIMIT	15?   13e STR	901 Br	iarwo	and D	rive
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MAR wed wo		Joh ann	MID	DLE	Simon		He lena		WIDDIE	Ku	chenn	eister
	-	VAS DECEASED EVER	IN II S ARME	D FORCES?	16h SOCIAL SECT	IPITY NO	17 INFORMANT		ADIRE	Box		eistei
MORE e execu		YES NO OR UNKNOWN	(IF YES, GIVE W	AR OR DATES)	066-14		Anton K	Rich				N V
BALTIMORE, solution and construction and		153	NNZ				AIICOII K	, KICH	tel st	Olly L		
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uires uigne en pl s buri	z	PART 2 OTHER SIGN	HEICANT CO	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL DISI	EASE OR COND	ITION GIVEN	IN PART I	0
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requirentending physician. Ther this certificate has been signs the burnol-transit permit. There the and Mental Hygiene prior to be orked or Item 18 shows any injury.	CERTIFICATION			Yes a second				3-5-1/				
low low sony	Š	190 DATE OF OPERAT	ION	196 CONDI	ITION FOR WHICH	OPERATIO	WAS PERFORMED	20a A	UTOPSY?	20b. IF YES, Y	WERE FINDI	NGS USED OF DEATH?
TAL The Cion Sit p Sit p Sit p	E							YES [	] NO[]	YES		№ □
AN: Ti ohysici ficate stransii I Hygi		OR CONTRIBUTING		HOUR A.		AY YEAR	21c. HOW INJURY OC	CCURRED (ENTE	R NATURE OF INJURY	IN ITEM 18 PAR	TIORPART 2)	
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SION OF VI	MEDICAL	21d INJURY OCCURE		21e. PLACE (	OF INJURY	APM FTC 1	211 LOCATION	704000	CITY OR TOW	114	COUNTY	STATE
Officer of the office	1	AT WORK AT WOR	ITE		att, vacious, or net	man ere j						
Lor Lor Lor A Se A S		220.1 certify that (1)	(this hospital)	attended the	e deceosed from_		, 19	to		, 19	·,	that (1) (we) last
pito Pito for of H		saw the decease above, (1) (we) (d	ed alive an	ew the hady	atter death	, on	d that in (my) (our) opi	inion death occ	urred on the dot	e and hour o	and from the	couses stoted
hos hos hed hed hed hed hed hed hem hem		22b. SIGNATURE	ar dia non v	iew ine body	Cirie dedin.		EGREE	/			22c DATE	SIGNED
the the coch rite De fr. If H		11/10/	MI	ud	1mm	)	ATTENDIN PHYSICIA		AL STAFF			
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or or shoot	230 5	SURIAL, CREMATION,	PEAAOVA! T	23b. DATE	122.	NAME OF C	METERY OR CREMATO	10 W/	DCATION	0	MAIIO	7 1111/
204BP	230	SPECIFY Cremat	ion	7-26-			nco In		rentwo	od F	DOUNTY C	eo. Mc.
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DHMH - 16 50M 1/81 (VRA 15, 4)		NAME 16.00	0 Ann		S RChodresB		Md.	MILE O O	1002	rank 9	A STATE OF	
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Cuc. Nuc. 23, 1908 73 Maryland 1.5.4. recognishmen of entractors, the transfer that the first the contract t Maryland P.S. Bowle 2507 Kitnore Line Smiley Alberta no ---- 577-07-6601 Clare J. Kircher, 2507 Kitmore I . Jul THE COUNTY OF THE PARTY OF THE THE CONTRACTOR Aug. 3, 1982 Ft. 1 Lincoln Cem. . Breatwood, Marxland See Traces Hope Lange long win polis Rr., Bowle, Rc.

	1 -	FOR - STATE REGISTRAR		DEPAI	RTMENT OF I	E OF MARYLA  HEALTH AND I	MENTAL HYG	IENE 8	REG. NO.	9	1	35	3
		CEASED NAME FIRST		WIDDLE	300	LAST	283 W.	20 DATE OF D		DAY	YEAR	2b HO	UR
			TIE	W		SMITH			07	28	82	3	A. M
	3. SE.	× Female	4 RACE Neg	gro	Sept.		1896	6 AGE TINYEA		MONT:	DER I YEAR	IF UNDE	R 24 HRS MIN
5		RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF	WHAT COUNTR	MARRIE	DE NEVER	MARRIED		NCE GEC	NTY OF I	DEATH		MD
4	10 C	CHEVERLY	LIE NOT IN SUE	HOSPITAL, NUR CHEACILITY, GIVE STR GEORGE:	EET ADDRESS)			12a USUAL OC (TYPE OF WORK FI	OR MOST OF WORK	MG LIFE) IN	At He		
3	100		George	GIVE RESIDENCE BEI	7414	13d INSIDE C	NO 🗌	13e STREET AC 3213 V					
20		Minor Wallace		1AST			s MAIDEN NA/ FIRST <b>'annie</b>		WIDDLE	Tur	ner	T	
1			ARMED FORCES?	166 SOCIAL SE		17 INFORMA			ADDRESS				
		No		228-66-	7962T	Sam H.	Smith	Sr. Sor	n Same a	s it	APPROXI		
		PART I. DEATH WAS CA  IMME  Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICA	DIATE CAUSE (6)  DUE TO, O  (b)  DUE TO, O	RAS A CONSEC CONFOLS	DUENCE OF THE H		FATLU	re (s.	R (ME.	2	n) yn	49 h 2 m	t ws
2	CERTIFICATION	CFFC0VIC	196 COND	FAIL ITION FOR WHI	rne			20a AUTOP	SY? 20b. IF	YES, WE	RE FINDING CAUSES	OF DEA	TH?
7	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	FDEATH HOUR A.	M. MONTH M.	DAY YEAR			RED (ENTERNATUI	RE OF INJURY IN ITEM	IB PARTIC	OR PART 2)		
	MED	214 INJURY OCCURRED  WHILE NOT WHILE	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFIC	Δ.	21f. LOCATIO	ON B		122	K	Ca		STATE
		saw statement of one	ospital assended the	2 19	F2 .01	DECREE	TTENDING _	deoth occurred	STAFF		22c. DATE		
1		P SCHOST L	for mo	)		22e ADDRES		AY CIR	DR GR	EGNB	Est.	MC	20
	t	BURIAL, CREMATION, REMO SPECIFY) Burial	7/31/8		Smith 1	EMETERY OR C	CREMATORY	RFD#	on Schus	ler,	Van	4	STATE
		nningham Fun	ters. Home	APAI	exandri	ia, Va.	25a. DAT	BEC'D. BISRAC	382AR	Johnson	<b>HENA</b>	URE	

2/05 BP_____ DHMH-16 50M 1/B1 (VRA 15, 4)

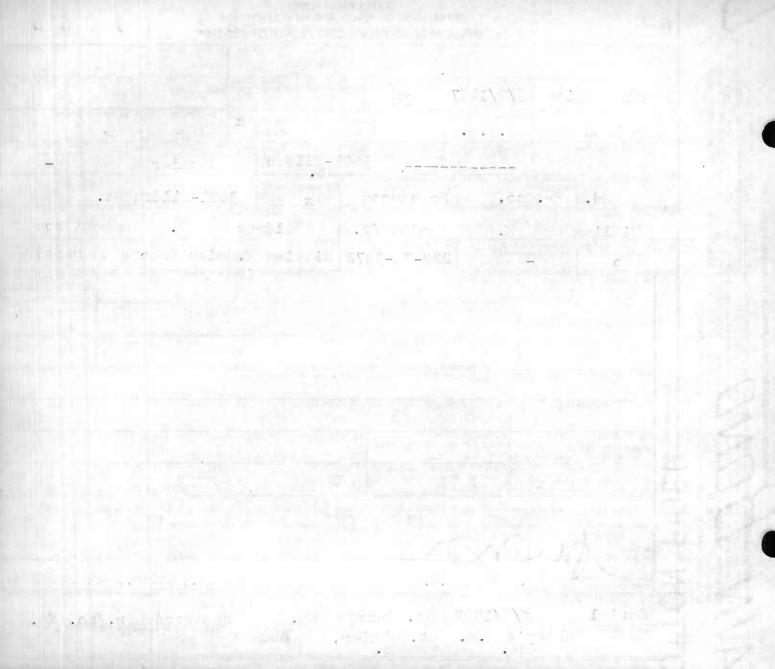
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10		1-	STATE REGISTRAR						ERTIFICATE O	15	2	G. NO.	9 1	5	43
		1. DE	CEASED NAM			MIDDLE			LAST	20 0	OF ESTI-	N MON	TH DAY	- YEAR	26 HOUR
	25135			Lec		100	100		MITH		EATH MATE	D L		19	PM
		3. SEX	m.	BLACK	S. DATE OF BIRTH	YEAR 41	6. AGE (IN Y				DATE NOUNCED DE AD	MONT	DAY 2-S	19	24 HOUR 9.15
	WW 2 1 2 2		RTHPLACE IS REIGH COUNTRY) VIRGIN		U. S.		TRY?	8 MARRI WIDOW	EDXX NEVER MARRIE	ED [	PRINCE	_		EATH	
	T IS NEW WORLD.	10. CI	TY OR TOWN		11. NAME OF HOS	PITAL, NU		A		12ª USUAL	OCCUPATION		RK 12b. Kit	ND OF BUS	MD.
	SOA LOO	i venu	LAN	HAM	(IF NOT IN SUCH FAI	coct	os	HOD	ital		OF WORKING LIFE  AY TEC			H. HO	
21201	AND 3 TRETAIN RETAIN RETAIN BECORDS	13a. S	TATE MD.	13b. COUN PRINC		13c CITY	OR TOWN		13d. INSIDE CITY LIMITS? YES NO X	13e. STREET .		LING C	T.		
MD. 2	PM 3.		SONNY 1		MIDDLE		LAST		15. MOTHER'S MAIDE FIRST	NAME	MIDDLE			LAST	
RE,	OF SOF			HOMPSON	MED EODOES2	TIAN SOC	CIAL SECURI	TV NO	RUTH 17. INFORMANT	SMITH	ADD	RESS DOF	DF 7110		
BALTIMORE,	GIVE PA GIVE PA VITH FOIL		ES, NO, OR UNKNO		WAR OR DATES)		3-56-9			TTH UT		7,5°S ROE			1 1
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AL RECORDS, 3	E EXE	NO	PART 2 DIHER S	IGNIFICANT CONDITIONS		OUT NOT RELA	TED TO THE TER	MINAL DISEASI	OR CONDITION GIVEN IN PAR	NT 1 (a).					
REC	HIEF ME AND USED AND HEAL	CERTIFICATION	196. DATE OF	OPERATION	19b. CONDIT	ION FOR	WHICH OPE	RATION W	AS PERFORMED?	TO SECUL	186.10		20. A	UTOPSY?	
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DIVISION OF	CATE WE WILD THE WILD TAKEN		UNDERLYING	AL CAUSE WAS			DAY YEA		OW INJURY OCCURRE	D LENTER NATUS	RE OF INJURY IN IT	EM 18 PART 1 O	R PART 2)		
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NG N	WRITIN WARDE WAGE 3 AGE 3 AGE 3	×	WHILE AT WORK	NOT WHILE D	STREET, FACT	ORY, FARM, E	TC.)	S	TREET	Cif	Y OR TOWN		COUNTY		STATE
	MINER: 1 IFICATE, 8 BE FORV CTOR: P H THE S1		22a. I cert	ify that I took charg	ge of the remoins des	cribed abo	ive, held on	Autop		n . Ir	nquiry ,	ond in my	y opinion		
	AMIR RTIFK RECT ITH 1	10	death result	red from: Natur	ral couses	Accident	L., S	uicide 🔲	, Homicide	Undetermi	ned monner	<u>.</u>			
	E CERT OULD OULD IN MITH, WITH		ACTUAL SIGNATURE	SAIN	A - D	A-8 B	M	M	Denity	MEDICAL	LEXAMINER	DA	TE ) -	-26	-87
	EDICAL TE THE A SHON NERAL DEATH, NORE, M		1313							MEDICA	LAAMINEK	310	31420-		
	MON RES	-	(TYPE OR PR	NT)					ADDRESS						
011.	PACT TO AFT		URIAL CREMA	AT.	7/28/82	23c. I	INCOL	MEMO	R CREMATORY ORIAL PARK	237 LOCAT	TLAND		PG.	M	D.
040.	DHMH - 17 (VR A15 ME (5))	24. F	UNERAL DIRE		LOOPEER	35	20 CO	NN. A	VE., No.	3°0°19	82 PAR 19	REALST OF	anth		
	15M 7/76		TOTAL T			MI	PITTING	20219							

DESCRIPTION, OLDER JOS.

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- 1	REG	ISTRAR		MED	DICAL EXAMIN	ER'S C	ERTIFICATI		P.	EG. NO.		
	TYPE OR	SED NAME	FIRST		MIDDLE		LAST		20. DATE KNO	WN MONI	H DAY YEAR	76 HOUR
2000		,	Micha	el	David	S	mith		DEATH MAT	ED 0 7	20 1982	M
<b>新尼亚克斯</b>	I. SEX	4	RACE	S. DATE OF BIRTH	VEAR LAST BIRTHD			DER 24 HRS.	2c DATE	MÖNT		
23552	Male	e	Black	June 20	, 1957 25 y	AY) MONTH	DAYS HOURS	S MIN	PRONOUNCED DEAD	7	20 1982	12:15 P M
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X 5 3 4 4 4		OR TOWN O		II. NAME OF HOSE	PITAL NURSING HOM				IAL OCCUPATION	ON LIVE OF WOR	K 126 KIND OF	BUSINESS
A FARRY					HITY, GIVE STREET ADORESS)	D1.	andala [	FOR A	AOST OF WORKING L	IFE)	OR INDU	STRY
S S S S S S S S S S S S S S S S S S S	USUAL RE	SIDENCE	F IN NURSING HOME	POTHER INSTITUTION, GIV	sh. Pkwy nr	ONI	verdale F	d. vei	ider of	perato	r None	3
MD. 21201 TH. IF ANY DEL TH. 3. RETAIN D. 2 SHOULD BE OTAL RECORDS	D.	_C.	13P SOUN.	ΤΥ	Washingt	on	13d. INSIDE CITY LIMIT YES 🐼 NO	S ² 325 3 25 3 2 5 3 2 5 3 2 5	P Str	eet,SV	W; Apt.	911
MD. H. II.	100	R'S NAME		MIDDLE	LAST		15 MOTHER'S MA	AIDEN NAME	MIDDLE		LAST	
4 10 Q 7 2 P	Ray	ymond	Alfons	so Smith					Bates			
FER DE FORM FORM ON OF	Ida. WAS	DECEASED	EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECURIT	Y NO.	17. INFORMANT	325 P	Street	DRESS W	.: Apt.	911
Signature	Yes	Navy	7	WAR OR DATES!	578-80-3	261	Emma J.	. Smit	h (moth	ner) W	ash.DC	
URS AFTER DEA 8. GIVE PAGES WITH FORM IT. PAGES 1 AN DIVISION OF	18	CAUSE OF	DEATH (Enter onl	y one couse per line						- 1	APPROXIM	ATE INTERVAL
L SWINE		PART I DEA	THWASCALISEC	NRV.	nio cerebra	1 in	iuries				BETWEEN ON	ISET AND DEATH
THIN 24 HOUR CIL IN ITEM 18. VER ALONG WANSIT PERMIT. AL HYGIENE, D	7	8/6	O IMMEDIAL		AS A CONSEQUENCE		141100					
E HIN			, if ony, which								100	
NI AND NI			to immediate	DUE TO OR	AS A CONSEQUENCE	)F	Lifther of					
HIEF MEDICAL EXAMINER ALONG USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, JRIAL, CREMATION, OR REMOVAL.		lying couse		J 552 10, 5K	TO THE OF THE PERSON OF THE PE						01 97 9	
SSI	PAR	T 2 OTHER CICE	NIFICANT COMBITIONS	CONTRIBUTING TO DEATH =	UT NOT RELATED TO THE TERM	INAL DICEASE	OR CONDITION ONCE	IN BART 7				
EM		T CHIER SION	TILLERAL CONDITIONS	CONTRIBUTING TO UEATH B	OF HOLINETWICK IN THE LEKY	INAL BISEASE	OK COMULTION GIVEN I	M PAKE ( 0),				
- REE	CERTIFICATION	DATE OF	OPERATION	TION CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORMED?				20 AUTOPS	.v2
A A L	5			,,, condi	O. T. O. T. THICH OF ER		TENT ONMED!					
R: PAGE 3 SHOULD BE USED AND SET OF HEAD AND SET OF HEAD OF 21201 PRIOR TO BURIAL, CI	E 210	EXTERNAL	CAUSE WAS	21b. TIME OF	INTERV	21. 620	OW INJURY OCCU	IDDED STATES	ATURE OF THE	IREA TO P. A. P.	YES X	NO [
₹27		DERLYING	⊠ OR	HOUR A.M.	MONTH DAY YEAR	3						
AR	S CC	NTRIBUTIN	G CAUSE OF D	DEATH 10:29 KK		2 Dr	ver of v	van whi	ch lost	contro	ol & ove	rturnec
DE	W W	INJURY OC	NOT WHILE		ORY, FARM, ETC.)		TREET		CITY OR TOWN		COUNTY	STATE
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STATE OF MARYLAND



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AND 3 AND 3	13aM	ryland	Princ	NTY Geo.	Hyatts			NO 🗆	2413 Ch	apman	Road	
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the att amore amore			Canditians, if any, which gave rise to immediate cause (a), stating the	(b)	ARTERI	ICE OF			EART DISEAS	SE.	
has been signed by the attraction permit. Then please interpretain to burial, cremations, on oth the second minute, or oth the second minute.	/	IFICATION	gave rise to immediate cause (a), stating the underlying cause last.	CONDITIONS CONDITIONS CONDITIONS	ARTERI AS A CONSEQUEN CONIGES NTRIBUTING TO DE EDINIGE	OSCI NCE OF STIVE EATH BUT	HEAR	T F HE TERMIN	ALUZE  ALUZE  ALUZE  200 AUTOPSY?  200 IF YE IN CERT	IVEN IN PART 1 ES, WERE FINDI IFYING CAUSES	NGS USED S OF DEATH?
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	1.	FOR STATE REGISTRAR		DEPART		FICATE OF DEATH		G. NO.	9 1	5 9
		CEASED NAME FIRST		WIDDLE		AST	20. DATE OF DEA	ТН момтн	DAY YEAR	26 HOUR
	(IIII)	MAURI	Œ	F	SPA	RSHOTT	JULY 2	26, 198	32	1:10 A
1	1 SE	X	4. RACE		5 DATE (		6 AGE (IN YEARS LA	AST BIRTHDAY)	IF UNDER I YEAR	
J	Ma	ile	Caucas	ian	Dec	. 6. 1887	94	YR:	MONTHS DAYS	HOURS MIN.
"		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9. BALTIMORE CI	TY OR COUN	TY OF DEATH	
		shington, DC_	U.S.	Α.	WIDOWE		PRINCE (	GEORGE!	S	MD.
6	10 CI	INTON		HOSPITAL, NURSII CHEACHTY GWESTBEET RN MARY L		OR OTHER INSTITUTION OSPITAL	12a USUAL OCCU		G LIFE) INDUSTRY	OF BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL		GIVE RESIDENCE BEFOR 13¢. CITY OR TOV Brandywi	VN	13d INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e SIREET ADDR 4418 Dan	ville	¥151	
0		THER'S NAME FIRST NAME PROWN	WIDDLE	LAST		Unknown	ME	Di€	LA	ast
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT	Post	Office	Box 62	
		known N/A	TO THAT ON DATES!	579-01-2	356	Ronald Beatle	ey Brand	ywine,	Marylar	nd
		Canditions, if any, which gove rise ta immediate cause (a), stating the underlying cause lost	1 10	OF AT A CONSEQUE	ENCE OF	mal Can	NEW/	CONDITION	GIVEN IN PART 1	(a)
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7	MEDICAL CER	2 ta. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN	ATH HOUR A	.M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE O	FINJURY IN ITEM I		
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE, I	FARM, ETC )	214 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
		22a. I certify that (I) (this hosp saw the deceased alive a obeye, (I) (we) (diducted a	1	19	-	nd that in (my) (our) opinion of	death occurred on t	he dote and h	nour and from the	that (I) (we) last causes stated
	0	-AV	A413	J800	/	PHYSICIAN [	MEDICAL DIRECTOR PH	STAFF TYSICIAN [	TH. DAIL	31011120
1		DR. M. MOASSE				16005 CRAIN H	IGWY.,BRAN	NDYWINE	E, MD. 2	0740
Ţ	23a. B	BURIAL, CREMATION, REMOVA	23b. DATE	236.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			

Washington,
250. DATE REC'D. BY REGISTRAR 227

Cremation July 27,1982 Lee's Crematory

24 FUNERAL DIRECTOR Lee Funeral Home Inc.

Old Alexander Ferry Road, Clinton, Maryland 2073

BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

	1	FOR - STATE	DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	iene8 2	191	6 0
	(h	REGISTRAR DECEASED NAME FIRST PRE OR PRINT) SDRATE	by Berth	a	C	REG. NO.  20. DATE OF DEATH  7-4-8	MONTH DAY YEA	12 NOON
)	3 5	SEX F	NV	S. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTI		EAR IF UNDER 24 HRS AYS HOURS MIN
R	7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY?  USA	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATI	MD.
2	10	Clinton	11. NAME OF HOSPITAL, NURSIN	G HOME (  ADDRESS)	OR OTHER INSTITUTION  HOSP	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Housewi	WORKING LIFE) INDUST	ID OF BUSINESS OR
23			R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW	ADMISSION) N	134 INSIDE CITY LIMITS? YES NO	737 Child	ds Street	
exomine	14.	FATHER'S NAME Orlando	MIDDLE Dabney LAST		15. MOTHER'S MAIDEN NAM  Maria	AMPONE	Crawley	LAST
medicol	160	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	RITY NO. 6328	17 INFORMANT Yvonne Lyne	ADDRE Ch-daughte		iversity
injury, or other troumotic ev	NO	Canditions, if any, which gave rise to immediate couse (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO E	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONL	DITION GIVEN IN PAR	T I(a)
A Sons	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAU YES []	
ed or Item 18 sh	MEDICAL CER	OR CONTRIBUTING CAUSE OF DE		19	21f. HOW INJURY OCCURR 21f. LOCATION STREET	ED (ENTER NATURE OF INJUR		2] STATE
MPORTANT: If Hem 21 is marked	The second second	220. I certify that (I) (this hasp	ital) attended the deceased fram—  or view the body offer death.  OR PRINT)  OR UNITATION	-t.	2 — , 1982  and that in (my) (our) opinion of the physician (out)  20 Address  20 Address  20 Address	MEDICAL STAF	22c. D.	the couses stoted  ALE SIGNED  Lon. Md.
¥ ·		BURIAL, CREMATION REMOVAL	In a Cabase In	IAME OF C	EMETERY OR CREMATORY	23d OCATION CITY OR TOWN	ent on county	OF THE STATE
7	-	FUNERAL DIRECTOR  Stewart Fune	VI Stewar	1	ing Road	1 - (	house Sici	NATURE

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AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		SIGNATURE	IN	XII	M.	o Assistant	MEDICAL EXAMINER	DATE SIGNE	o 6-28-82	
LEDIC UTE S NONE S NONE S		EXAMINER'S NAME A	n M. Dixo	n. M.D.		111 F	enn St., Ba	lto Mo	. 21201	
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DHMH - 17 (VR A15 ME (5))	M	ARZULLO FUNER	ADDRESS PL	REISTERSTO	WN. I	40 301	1 1982 2	sines I	ean / arther	L
20M 4/82										

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F. Gasch's Sons F.H. P.A. Hyattsville, Md.

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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Burial 7-15-32 Pt. Lincoln Comstery Brentwood P.G. Vryland P. ansch's Yous F.U. T.A. Wattsville, Id.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b HOUR July 20, 19882 8:45p 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH Prince George's 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTR' 602-62 nd at FAIRM LAST letchen 4705 honch Kd Mitchelly, 11044 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [ NOF

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

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FOR - STATE

(VRA 15, 4)

Hyattsville, Maryland

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

CERTIFICATE OF DEATH

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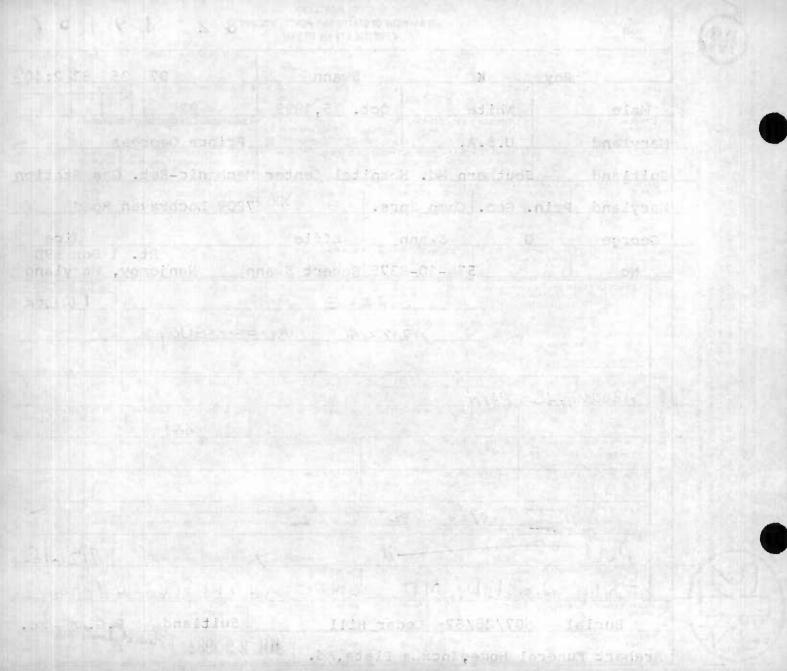
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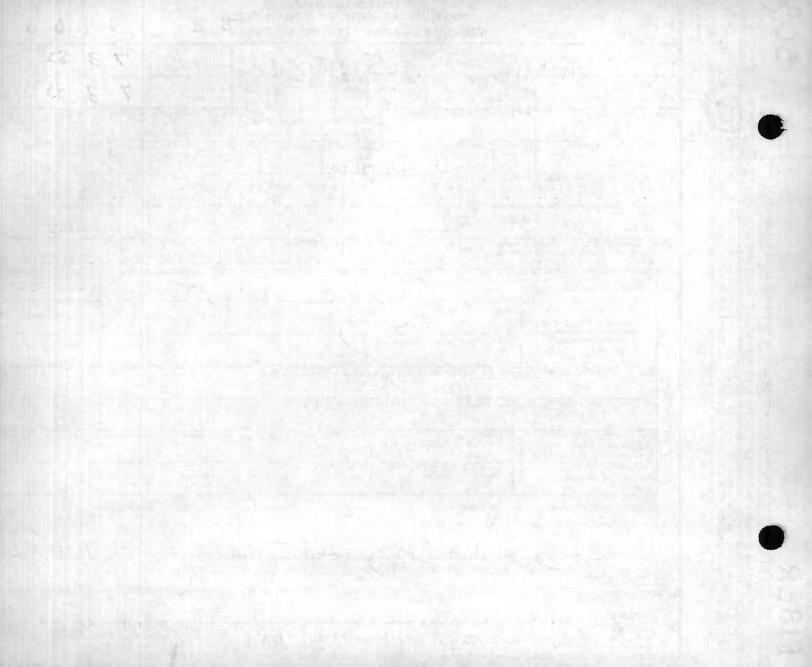
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1 19081 30, 1908 .A. 2. U han brank March I same his min. Rank Clerk, Roth are known inchen donn's mithis took Maryland Prince Coo. Wattsville neittii 577 05 17950 Joseph N. Cichello Same na [13 (Friend) 28/8/7 . . . not nines moting alvert .t. 

Service Service Services And the Remonth of the Williams to Street water 12



DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME Za. DATE KNOWN (TYPE OR PRINT) OF ESTI-AGE (IN YEARS IF UNDER 2d. HOUR DATE 74 PRONOUNCED April 10 08 Male White DEAD OM 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Indiana USA Prince George County WIDOWED 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR MOST OF WORKING LIFE) OR INDUSTRY Laurel Carpenter Construction USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET ADDRESS St. Apt. # 2 Laurel Md P.G. Co Laurel 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Doran Ida Switzer Montgomery 166 SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO. OR UNKNOWN) 372-10-7872 Carol Lanham RTE I Box 92 a Crownsville Md APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES NO . 710 EXTERNAL CAUSE WAS TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my opinion Inspection death resulted from: Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) DEATH, NORE, MA ACTUAL SIGNATURE FUN FR D EXAMINER'S NAME TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE STATE Burial Epiphany Cemetery Odenton So. DATE REC'D. Annapolis, Maryland 21401 DHMH - 17 T.A. Hardesty (VR A15 ME (5)) 15M 7/76



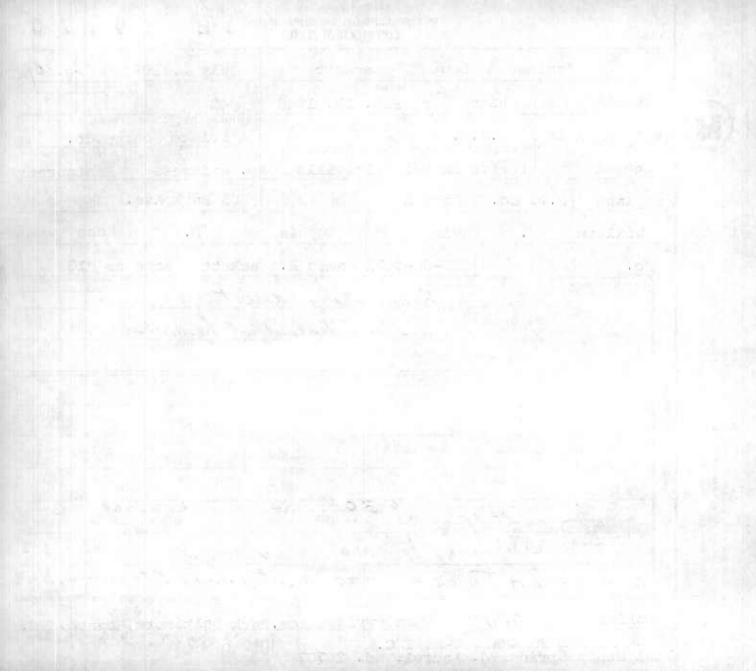
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7601 Sandy Spring Rd. Laurel, Md. 20707

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Wilhelm Fnrl Home

Suitland, Md.

26 HOUR

BETWEEN ONSET AND DEATH

NO

22c DATE SIGNED

NewHampshin

STATE

3:45 am

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Robert

W. PRESTON ST., BALTIMORE, MARYLAND 2120

DIVISION OF VITAL

CARDIO-RESPONDANTARY HAKE (T Cyma Dwidger 60 LISANGIHO LUSES A PLANTING OF JULY STONE STILL MELOUSE SERVE JUL

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	FOR 1 - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2   GIENE 8 2	9 1 7 3
236	1. DECEASED NAME FIRST	WIDDIE	12AST	20 DATE OF DEATH MONTH DA	20 1100K
O.	MINNI	E V.	TAYLOR	07-18-	-82 2:20PM
(8	3 SEX <b>Female</b>	4 RACE	Jan. 12 1907		FUNDER I YEAR IF UNDER 24 HRS.
40	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, D.C.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF COUNTY C	
194	10 CITY OR TOWN OF DEATH  CHEVERLY	(IF NOT IN SUCH FACILITY, GIVE STREET PRINCE GEORGE'S	NG HOME OR OTHER INSTITUTION ADDRESS) GENERAL HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE)  Housewife	12b. KIND OF BUSINESS OR INDUSTRY
35	BOUAL RESIDENCE (IF NURSING HOME)  Baryland	INER INSTITUTION GIVE RESIDENCE BEFOR  13c. CITY OR TOW  North Be	VN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS P.O. Box 385	
1/0	John Myers	MIDDLE LAST	15 MOTHER'S MAIDEN NA FIRST Florenc	e Brown	LAST
12	160 WAS DECEASED EVER IN U.S. AR 1465, NO OR UNKNOWN) I IF YES, GIV	MED FORCES?  166 SOCIAL SECU  578-03-9		ADDRESS P.O. aylor North Beach	Box 385 n, Md. 20741
ir other traumatic event, f	PART I. DEATH WAS CAUSE	DBY:  DBY:  DE CAUSE (a)  DUE TO, OR AS A CONSEOU:  (b)  DUE TO, OR AS A CONSEOU:  (c)	ence of	tion acute	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 244 Mours
Some only injury.	PART 2 OTHER SIGNIFICANT OF PART 2 OTHER SIGNIFICANT OTHER 2 OTHER SIGNIFICANT OF PART 2 OTHER	drocepholus	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS SED NG CAUSES OF DEATH?
dor hem 18 ss	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TIB. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR 19 216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	COUNTY STATE
em 21 is morke	22a.1 certify that (1) (this hospi	tal) attended the deceased from	6/18/182 19	death occurred on the date and hour o	that (I) (we) lost and from the causes stated

22e ADDRESS

23d LOCATION
CITY OF TOWN
Washington, D.

DHMH - 16 50M 1/81 (VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Removal 7/20/1982 George town Med. School 4 FUNERAL DIRECTOR COlumbia Mortuary Services, Inc. 25c. DATE 1 225 Missouri Ave. NW Washington, D.C.

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DHMH - 16 50M 1/81 (VRA 15, 4)

1.	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 8 2	19174
1.	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	10
	CEASED NAME FIRST	MIDDLE	LASI	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
1	Murie1	F.	Taylor	July 2	20. 1982 9.00PM
3 SE	X	4 RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BE	
	Female	White	Nov. 28. 1922	59	MONTHS DATS MOURS MIN.
7a. B	IRTHPLACE (STATE OR FOREIGN		? 8		OR COUNTY OF DEATH
	ashington, D.(	C. U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince G	eorge's
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 126, KIND OF BUSINESS OR
	Riverdale		rial Hospital	Ret. Techn	
130	STATE 136 C	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFO OUNTY 130. CITY OR TO	WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
-	ATHER'S NAME	P.G. Universi	13. MOTHER'S MAIDEN NA		erman Street
1	FIRST	Brockman	FIRST	WIDDLE	Payne
	WAS DECEASED EVER IN U.S	S. ARMED FORCES? 166 SOCIAL SEC		ADDR	ESS Address Same as
	es W.1	W.II&Korea 578-38-	-6362 Miss Louise	F. Taylor	No# 13e.
	Conditions, if ony, which gave rise to immediate couse (b), stating the underlying couse lost	DUE TO, OR AS A CONSEQU		MINAL DISEASE OR CON	IDITION GIVEN IN PART 1 (p.
O					
CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A.M. MONTH	DAY YEAR		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM, ETC.)  211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
	saw the deceased olive obove, (1) (we) (di	e on 7/20 19 d not) yiew the body after death.	82, and that in (my) (aur) opinion		ote and hour and from the causes stated
	22b. SIGNATURE	Shs-	DEGREE ATTENDING PHYSICIAN (	MEDICAL STA	
	Abraham Da		22e ADDRESS 4404 Queer	nsbury Rd.,	Riverdale, Md. 20737

July 23,1982 Chestnut Grove Cem. Burial 24 FUNERAL DIRECTOR

236 DATE

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

231 NAME OF CEMETERY OR CREMATORY

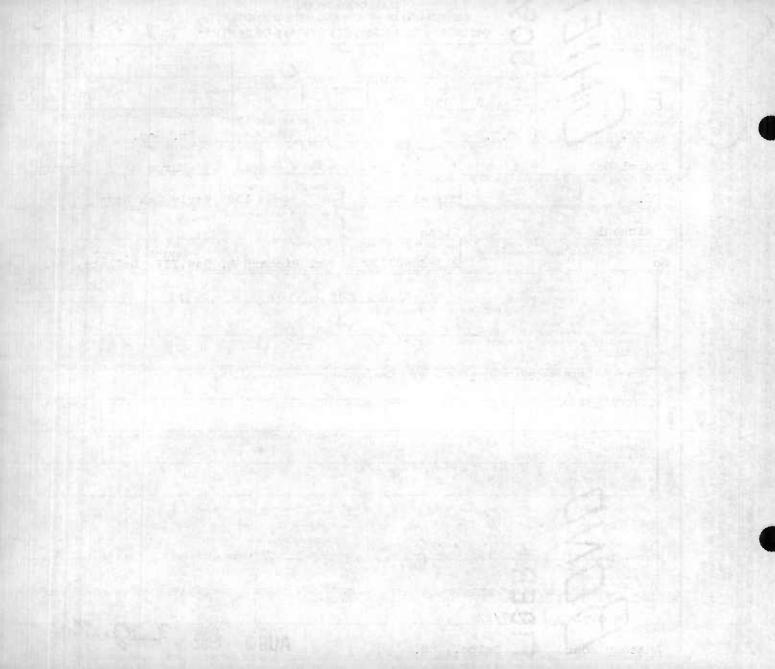
73d LOCATION CITY OF TOWN
Herndon
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1982

Fairfax Virginia

Gasch's Sons F.H. P.A. Hyattsville, Md.

TOT. 28, 3000 o ic ofrio weshington, D.C. U.S.A. Total Ment Total of Technician M.S. Could. Deryland P.G. Triversity Park x 465 Puckerson Street 12 000th OFIE 68. PRYBE an out? 2201111 ... Storns 579-38-6500 Mins . onice D. Taylor 'o le. Durinl July 27,1082 chestant Prove Let. Herndon Tairfax Firinia P. Casch's Sons P.N. P.A. Hyattsville, Nd. 198 2 ... See Sons P.N. P. S. Sons

					STAT	E OF MARYLA	AND					
13	1-:	FOR STATE			PARTMENT OF H			STU2	19	-	7	5
3 1	-	REGISTRAR	FIRST		WIDDLE	EK 5 CEKTIF	ICATE OF DI		G. NO.	2.11		
		CEASED NAME OR PRINT)	RUT	h	MIDDLE	TIGI	he	OF EST DEATH MATE	NONTH D O NONTH	26	9.7	5 HOUR
STREET,	3 SEX	4. R.	ACE	5. DATE OF BIRTH MONTH DAY	YEAR LAST BIRTHDA	RS IF UNDER YR	HOURS MIN	PRONOUNCED	MONTH	26	82	2d HOUR 730
1	- 1	DTUDLACE (STATE)	00	4 6	03 79YR	S.		9. BALTIMORE	CITY OF COUR	19		- M
取5	FOI	RTHPLACE (STATE OREIGN COUNTRY)  Md.	IR.	U.S.	I COUNTRY?	MARRIED   N	DIVORCED	<u>X</u>	Geo.	ITT OF DEA	AIN.	MD.
AL RECORDS		napel Oak			TAL, NURSING HOME	OR OTHER INSTIT		USUAL OCCUPATION OR MOST OF WORKING LI		OR IN	OF BUS NDUSTRY	Y
807		L RESIDENCE (IF IN		ROTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION 134. CITY OR TOWN		E CITY LIMITS? 13e S	STREET ADDRESS	LBC		Duite	У
0		1d.	1		Chapel Oak	YES [		309 Early	Oak La	ne		-11
	14. FA	THER'S NAME		MIDDLE	LAST	15. MOT	HER'S MAIDEN NA	WE		LAS	ī.	
4	16- \4	Michael  (AS DECEASED EV	ED INITIS ADA		Tighe	NO. 17. INFO	RMANT	AD	DRESS		-	
	No	S, NO, OR UNKNOWN)	(IE YES, GIVE V	WAR OR DATES)	213-38-072	LEX TO LET			ute 5,	Box 4!	92T Md.	
		II. CAUSE OF DE	ATH (Enter onl	y one couse per line fo	or (o), (b), and (c).) <		1	A		APPRO BETWEE	OXMATE II	INTERVAL AND DEATH
		441	IMMEDIAT	E CAUSE (o)	Cardio	respir	ratory	arrest	/			
VAL.		Conditions, i	if any, which	DUE TO, OR A	S A CONSEQUENCE C	Ser						
OR REMOVA		gove rise t	to immediate	(b)	S A CONSEQUENCER	7) \ \	1)					
G		lying cause to		(c)	S A CONSEQUENCY							
	z	PART 2 DTHER SIGNIFICA	CANT CONDITIONS C		T NOT RELATED TO THE TERM	NAL DISEASE OR CONDIT	TION GIVEN IN PART 1 (0)					
	CERTIFICATION	190. DATE OF OPE	RATION	196. CONDITIO	ON FOR WHICH OPER	ATION WAS PERFO	ORMED?			2D. AU1	TOPSY?	
21	TIFIC									YES	s 🗆	NO 🗆
5		210 EXTERNAL C	AUSE WAS	21b. TIME OF I HOUR A.M.	NJURY MONTH DAY YEAR	21c. HOW INJUI	RY OCCURRED IEN	TER NATURE OF INJURY IN	ITEM 18 PART I OR P	ART 2)	-72	1
7	CAL	CONTRIBUTING [	CAUSE OF D	DEATH P.M.	19							
	MEDICAL	21d. INJURY OCC WHILE N		21e PLACE OF STREET, FACTO		21f. LOCATION STREET		CITY OR TOWN	C	OUNTY		STATE
		AT WORK	WORK									
		22a. I certify th	at I toak charg	e of the remains descr	ibed obove, held an	Autopsy,	Inspection	, Inquiry ,	and in my o	pinion		
		death resulted fo	om: Natur	ol couses .	Accident L, Su			determined monner	□.			0
0		ACTUAL <	SAIN	A DA	88 MG	DE	By tu		DATE	7-2	-6.	-87
7		SIGNATURE				M.DH-G	1	AEDICAL EXAMINER	SIGN	-		
04	-	(TYPE OR PRINT)				ADDRESS						
	230.BI	URIAL, CREMATION	V,REMOVAL 2		234. NAME OF CE	METERY OR CREMA	ATORY 23d	LOCATION CITY OR TOWN	co	YTAU	STA	TE
	24 51	Remov		7/27/82			250. DATE REC'D	. BY REGISTRAR 1258	GISTR/AS	SIGNE	57%	
		NAME		ADDRESS	w.a		AUG 3	1982	from y	desta	353	
	4	Anatomy E	soard	Balto	., Md.		11000					



comple this company of the company o rinco fear of a contr J.S.A. DISTING Adelphi Manor Care tursing None-delphi Net. Clerk thing None. Norylond P.G. Hyattaville x 6118 (2nd. 1lace Bender non/ sainsi Janiel P. Address inne as 579-05-0020 Mr. Carlisle R. Blanchard No. 130. Coder Till Cametory suitled .c. Terriam Inimi P. Garchis Sons P. H. P. A. Hyartsville, Md.

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3. SEX	4. RA		DATE OF BIRTH		S. AGE (IN YEARS   IF	UNDER 1 YR.	IF UNDER 2	4 HRS. 2c. DA	E	MONTH	DAY YEAR	2d HOUR
Ma	le Wh		une of		74 YRS.	INTHS DAYS	HOURS	MIN PRONOF	INCED	7 1	2/1982	12.2 PM
	THPLACE (STATE OR	71	b. CITIZEN OF W	HAT COUNT	RY? 8. MA	RRIED X NE	EVER MARRIE	D 9. BALTI	MORE CITY	OR COUNTY	OF DEATH	177
	linois		U.S.A.			OWED [		D   Prin		-		MD
Co	YORTOWN OF DE llege Par	k	9710 Rh	ode Is	land Ave		JTION	FOR MOST OF W	ORKING LIFE)		OR INDUSTR	RY
13a. ST	RESIDENCE (FINN ATE ryland	136 COUNTY P.G.		13c CITY O	or town  ege Park	13d. INSIDE	CITY LIMITS?	13e STREET ADD 9710 R	hode I	sland .	Ave.	
14 FA	HER'S NAME		MIDDLE		AST	15. MOTH	IER'S MAIDEI	NAME	MIDDLE		LAST	
	lliam		ester	Upt	on		abeth		E.		lynn	
	AS DECEASED EVEL 5, NO, OR UNKNOWN)	R IN U.S. ARME			AL SECURITY NO.	17. INFOR					ss Same	as
Ye	s-Navy	Peace	time	331=	14-7762	Mrs.	Vivia	in C. Up	ton	No# 1	Je.	
NO	PART 2 OTHER SIGNIFICA	INT CONDITIONS <u>co</u> i		1	THE TERMINAL DISTANCE OF THE TERMINAL DISTANCE		ON GIVEN IN PAR	1 (a).			20 AUTOPSY?	
riFic											YES 🗆	NO 🔀
CAL CER	210. EXTERNAL CAL UNDERLYING CONTRIBUTING		ATH P./	M. MONTH M.	DAY YEAR		Y OCCURRED	(ENTER NATURE OF	INJURY IN ITEM TE	8 PART 1 OR PART	2)	
9		T WHILE D		OF INJURY CTORY, FARM, ET		STREET		CITY OR	OWN	COUN	ety.	STATE
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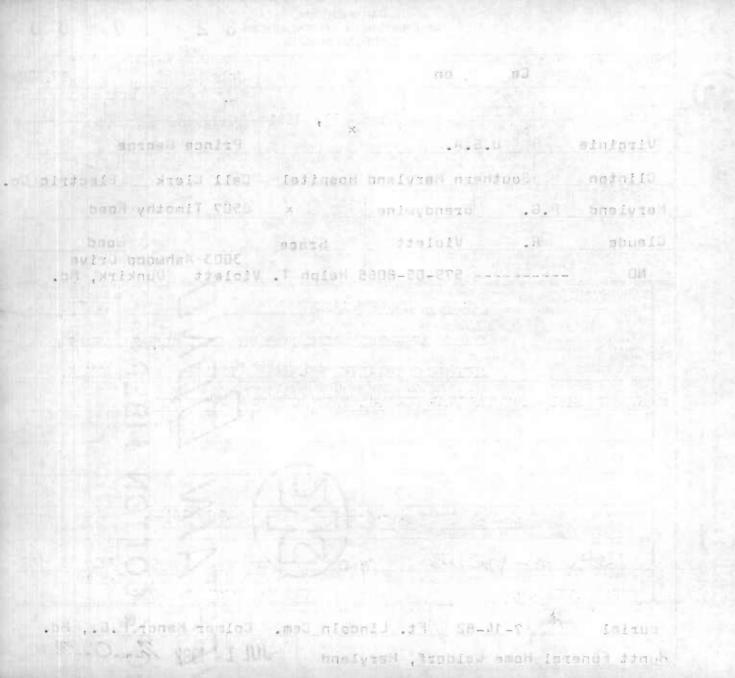
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Said A. Daee, M.D.

5632 Amapolis Cord, Suite # 4 Eladonsburg, Maryland

Cremation 7-22-62 Pt. Lincoln Crematory Lreutwood P.G. Maryland

r. Coschia sons L.P. P.A. Systaville, Md.



	ST.	ATE	OF	M	ARYL	AND	
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1	9	11	8	1

DECEASED NAME (TYPE OR PRINT)	Evelyn		L.	Wa	llingsford	20 DATE OF DEATH MC	ONTH DAY	42 0 42
Female		L RACE Caucas	ian	5. DATE (		6 AGE (IN YEARS LAST BIRTHD	YRS.	NDER I YEAR IF UNDER 24 HR
o. BIRTHPLACE (ST COUNTRY) Virginia		U.S.A		WIDOWE		9. BALTIMORE CITY OR C		DEATH
linton		Southe	ch facility, give street in Marylai	nd Ho	or other institution spital Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Housewife		26. KIND OF BUSINESS O NDUSTRY at home
aryland	13b COU	ROTHER INSTITUTION NTY George	GIVE RESIDENCE BEFORE 13t CITY OR TOW  Oxon Hil	ADMISSION)	134. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 714 Leyte 1	Place	
Edward		MIDDLE	Boilean	a	15. MOTHER'S MAIDEN NA Elizabet	The second of th		O'Conner
YES NO OR UNKNO		MED FORCES? VE WAR OR DATES)	577-01-48		Marlene Dewe	714 Ley	te Plac	ce Maryland
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24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any

7/13/82 Burial

Ft. Lincoln Cemetery

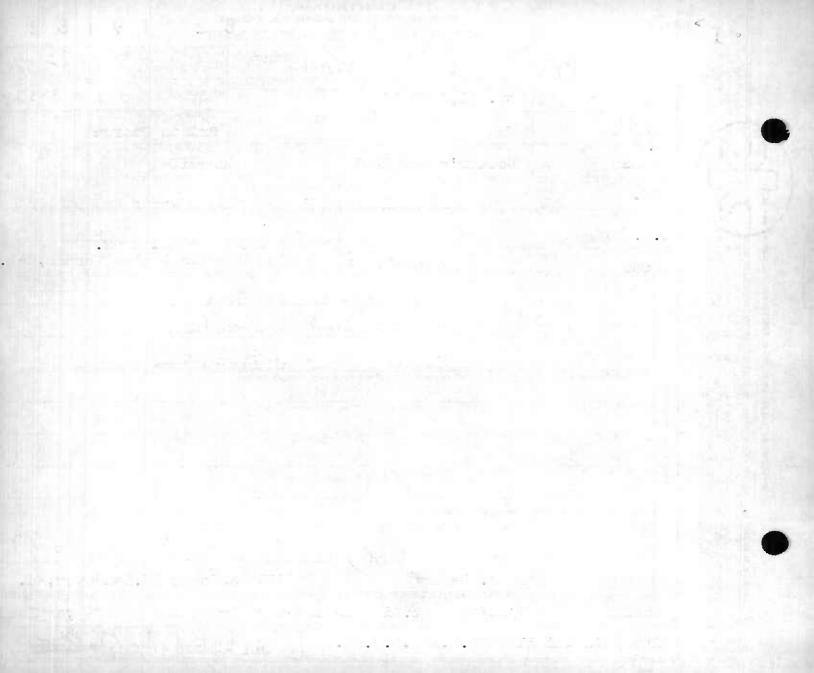
Brentwood

P.G. Maryland

6160 Oxon Hill Rd. Oxon Hill, Md. George P. Kalas Funeral Home

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME Pen Lu KNOWN Wang TTYPE OR PRINT ESTI-OF DEATH MATED 19 4. RACE 3 SEX 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Nov. DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED China USA Prince George DIVORCED WITH FORM PM 3. RETAIN PAGE 5 WITH FORM PM 3. RETAIN PAGE 5 T. PAGES I AND 2 SHOULD BE FILED, DIVISION OF VITAI RECORDS. 201 W IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 128 KIND OF BUSINESS OR INDUSTRY Doctor s Hospital Housewife Lanham JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL MdE. 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13a. STREET ADDRESS YES W NO 9250 Edwards Way PG Adelphi 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Mina UNK Chao 28509 Seamount Dr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO IYES NO OR UNKNOWN 1 (#FYES, GIVE WAR OR DATES) Charles Wang (Son) Palos Verdes, Cal. None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b)-and (c). USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) E 3 SHOULD BE USED A DEPARTMENT OF HE DI PRIOS TO BURIAL, O 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY 21d. INJURY OCCURRED 211 LOCATION LAT HOME TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PACE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3. AFTER DEATH WITH THE STATE DE BATHMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) SIRECT CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a I certify that I took charge of the removes described above, held on Autopsy Inspection and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner ACTUAL SIGNE Said A. Daee Landover Rd. Landover, Md. EXAMINER'S NAME TYPE OR PRINT 23t. NAME OF CEMETERY OR CREMATORY
Ft.Lincoln Cemetery 230. BURIAL, CREMATION, REMOVAL 236. DATE 7/ 23d LOCATION 7/22/82 Brentwood Maryland BY REGISTRAR 256. PEU STRAR'S SIGNATURE 24. FUNERAL DIRECTOR Himes/Rinaldi 1180000 No. H. Ave. S.S. Md. **DHMH-17** (VR A15 ME (5)) 15M 2/80



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74 FUNERAL DIRECTOR FLECK LAUREL FUNERAL 7601 Sandy Spring Rd.

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CEKTIF	ICAIL OF DEATH	REC	3. NO.		
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WSUAL RESIDENCE (IF NU 130 STATE Maryland  14 FATHER'S NAME	13b COUNT A . A .	Υ	13c. CITY OR Lau	TOWN	13d INSIDE CITY LIMITS? YES NO X	305 Br		idge R	d.
Lincol			Nichol		Ginny	MIDDI		Oram	51
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	nmediote ing the se lost.	DUE TO, OF	AS A CONSI		NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FIND IN	NGS USED S OF DEATH?
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220. I certify that ( sow the decea above, (I) (we) 22b SIGNATURE 22d PHYSICIAN'S N	OPR   OPR	(AT HOME, STR  1) attended the 22 view the body  PRINT)	e deceosed fro	19 82, on	19 89  In the street of the st	deoth occurred on the	STAFF YSICIAN []	22c DATE	SIGNED
Robert  Robert	I, REMOVAL	Ceney,  23h DATE  7/26/			EMETERY OR CREMATORY	23d LOCATION	v	COUNTY	STATE
4 FUNERAL DIRECTOR	7.1	1/20/	02	rort L	incoln Crem	EREC'D. BY REGISTR	rendwa RAR 256 REGIS	TRAR'S SIGNAT	G.CO.M.

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HOME INC.

DHMH - 16 50M 1/81 (VRA 15, 4)

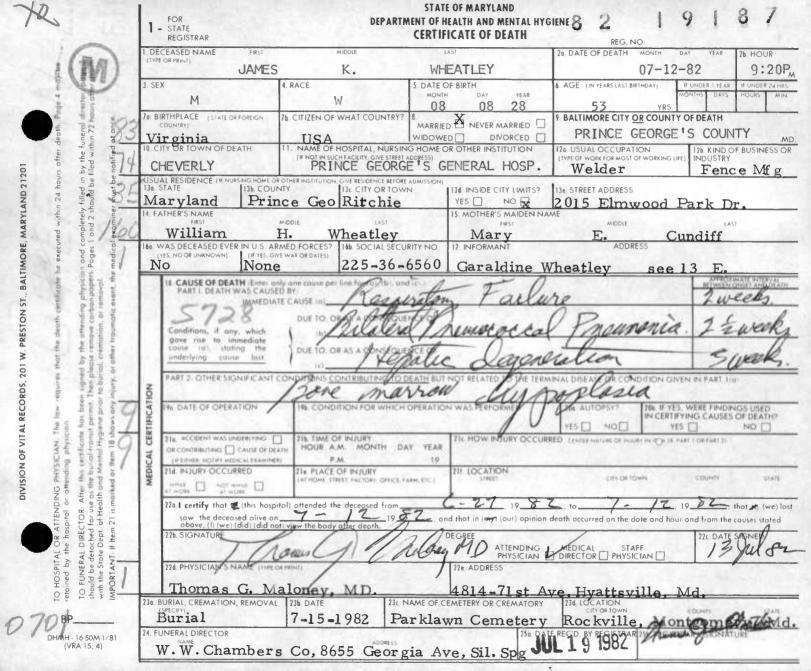
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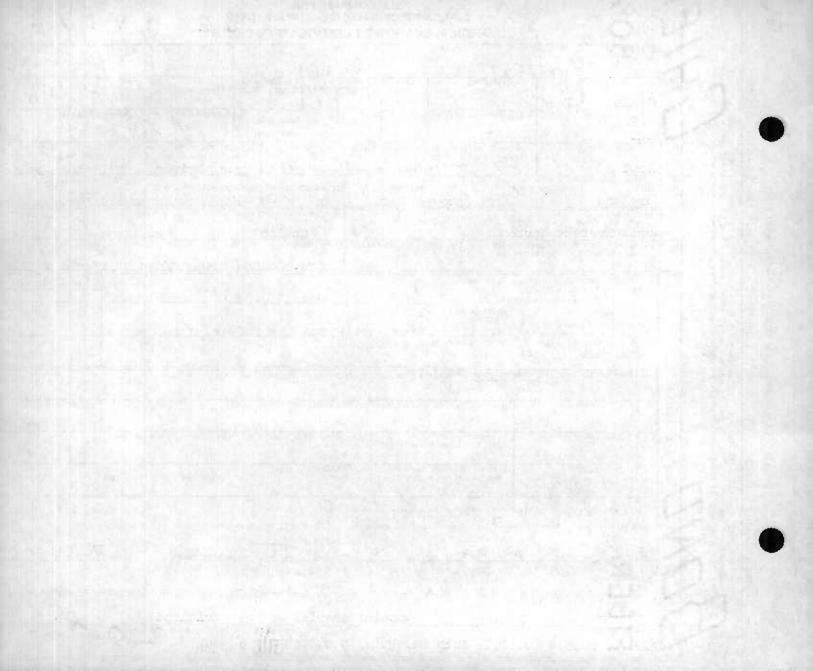
STATE OF MARYLAND

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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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FLECK LAUREL FUNERAL HOME, INC. 7601 Sandy Spring Rd. Laurel, Md. 2070

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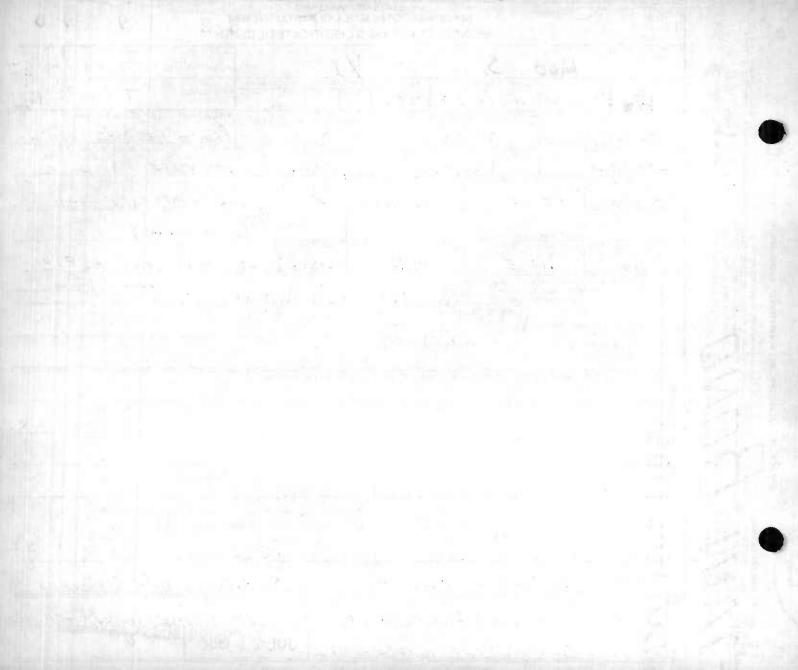
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00		THER'S NAME FIRST Samuel	Woolger's	La		ancaster	LAST	
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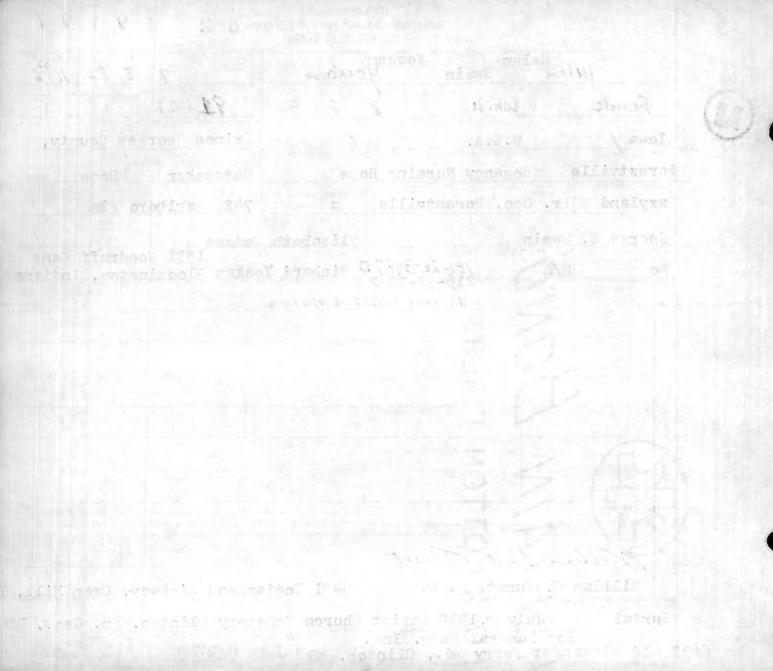
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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Said A. Bace, M.D.

STATE OF MARYLAND

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